

Name Full		William Baust				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Frizzellburg		County Carroll		STATE MARYLAND
	Date of death		Month 1907	Day Jan 30	Years Age 65	Months 10	Days 24
	Sex Male		Color or Race White		Birth- place Md.		
	Occupation Farm laborer		Where Residing if not at place of death —				
	Married, Single or Widowed Single		Name of Wife or Husband —				
	Father's Name Joseph		Mother's Maiden Name Elizabeth		Father's Birthplace Md.		
				Mother's Birthplace Md.			
		Name of person giving Information Mrs Fisher a Sister		How related to deceased Sister			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Hypertrophy of the heart			How long 2 yrs	
	Immediate		Metral insufficiency			How long 6 months	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician J. Rinehart M.D.		
					Address Frizzellburg Carroll Co Md		
		Accident or Suicide?					

1 a 1 

Name in Full		115 CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Warfield</i>		County <i>Carroll</i>		State <i>MARYLAND</i>
	Date of death 190 <i>7</i>	Month <i>Jan</i>	Day <i>2</i>	Age <i>2</i>	Years <i>2</i>
	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>	Months <i>—</i>	Days <i>2</i>
	Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>		
	Name of Wife or Husband <i>—</i>				
	Father's Name <i>Oliver Deaver</i>		Father's Birthplace <i>Maryland</i>		
	Mother's Maiden Name <i>May Kirby</i>		Mother's Birthplace <i>Id</i>		
	Name of person giving information <i>Rachel M Deaver</i>		How related to deceased <i>—</i>		
PHYSICIAN OR CORONER	CAUSES OF DEATH				
	Primary <i>Pneumonia</i>	<i>(93)</i>		How long <i>3 weeks</i>	
	Immediate <i>Heart failure</i>			How long <i>1 day</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr Sullivan</i>		
			Address <i>146 main st</i>		
Accident or Suicide? <i>—</i>					

Sharrer
Warfieldsburg

Name
in
Full127
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name in Full Henry Wesley Beutz		Town Westminster		County Carroll		State MARYLAND	
Died at Westminster		Date of death 1907 Jan 10		Age 4		Months 4	
Sex Male		Color or Race White		Birth-place Md		Days 4	
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Joseph W. Beutz				Father's Birthplace Md			
Mother's Maiden Name Millie E. Myers				Mother's Birthplace —			
Name of person giving information Millie E. Beutz				How related to deceased Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Broncho Pneumonia	How long	4 days
Immediate	Respiratory failure	How long	3 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Heather Barr	
Yes		Address Westminster	
Accident or Suicide?		—	

Madison Branch
Station

Name in Full		George H Berwager				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Mape grove		County		of Carroll		In MARYLAND	
	Date of death		1905		Month		Day		Age	
			1				23		41	
	Sex		Male		Color or Race		White		Birth- place	
									Manchester	
	Occupation		Farmer		Where Residing if not at place of death				Manchester	
	Married, Single or Widowed		Married		Name of Wife or Husband		Effie K. Bosley			
	Father's Name		Edward Berwager		Father's Birthplace		Manchester			
Mother's Maiden Name		Rachel Frank		Mother's Birthplace		Hampstead				
Name of person giving In formation		Edward Berwager		How related to deceased		Father				
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary		Accident		How long					
	Immediate		Run over by wagon		How long		Instant			
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. H. Preston M.D.			
					Address		Manchester			
	Accident or Suicide?		X							



Name in Full		John J Blizzard				2137		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Tannery		County		MARYLAND	
		Date of death 190		7 Jan		30		Age	
		Sex		Male		Color or Race		white	
		Married, Single or Widowed		Single		Occupation			
		Name of Wife or Husband				Birth-place		Maryland	
		Father's Name		Wm H Blizzard		Father's Birthplace		Maryland	
Mother's Maiden Name		Ida J Martin		Mother's Birthplace		do			
Name of person giving information		Wm H Blizzard		How related to deceased		Father			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Whooping Cough		How long		8 days	
		Immediate		Convulsion		How long		1 day	
		Are the name, age, sex, color, data and place correctly given above?		yes		Signature of Physician		J. C. Coonan M.D.	
				Address		Washington			
		Accident or Suicide?							

Bette Cornelius Cornelius

Gorham

Name
in
Full

Margaret A. Bond

CERTIFICATE OF DEATH

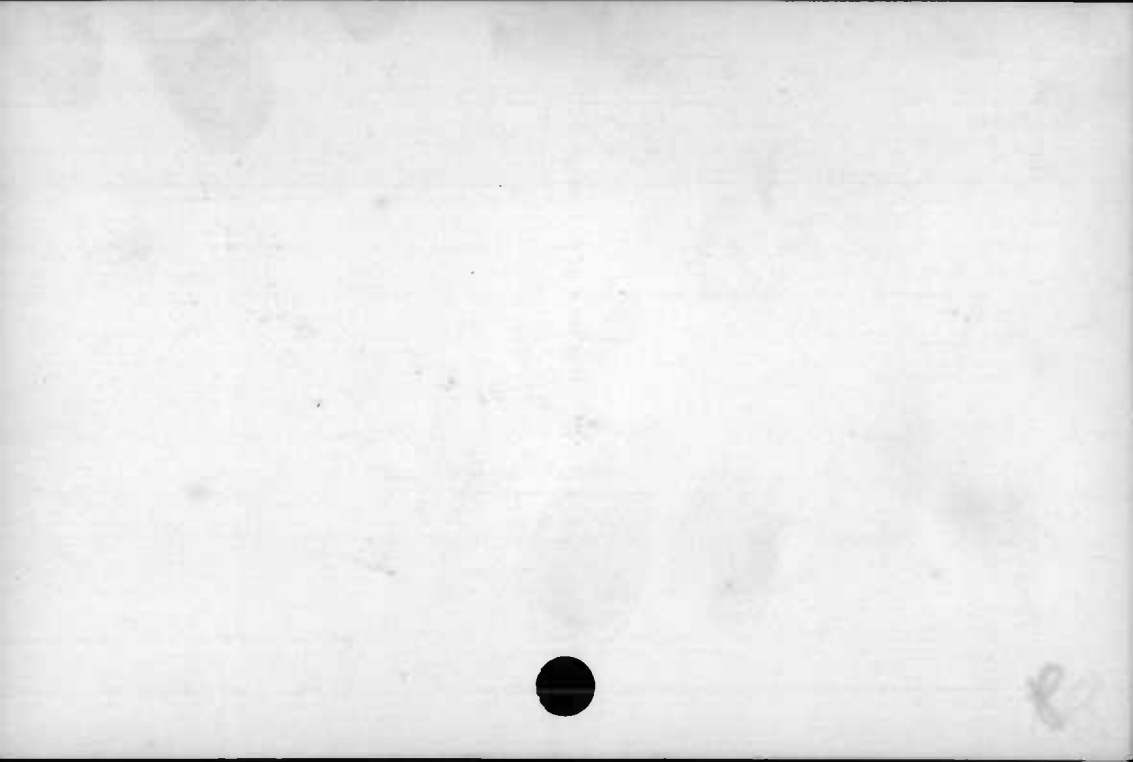
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Sykesville</i>		^{County} <i>Carroll</i>		MARYLAND		
Date of death	<i>1907</i>	^{Month} <i>Jan.</i>	^{Day} <i>29th</i>	^{Years} <i>72</i>	^{Months}	^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Housekeeper</i>			Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>				
Father's Name <i>Samuel L. Bond</i>			Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Elizabeth Smithson</i>			Mother's Birthplace <i>Md</i>			
Name of person giving information <i>E. H. Webster.</i>			How related to deceased <i>Cousin</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Dementia</i>	<div>93</div>	How long <i>4 yrs</i>
Immediate <i>Pneumonia</i>		How long <i>about 4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Norfolk Morris M.D.</i>	Address <i>Springfield Hospital, Sykesville, Carroll Co. Md.</i>
Accident or Suicide? <i>-</i>		



Name
in
Full

John Solomon Boone

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

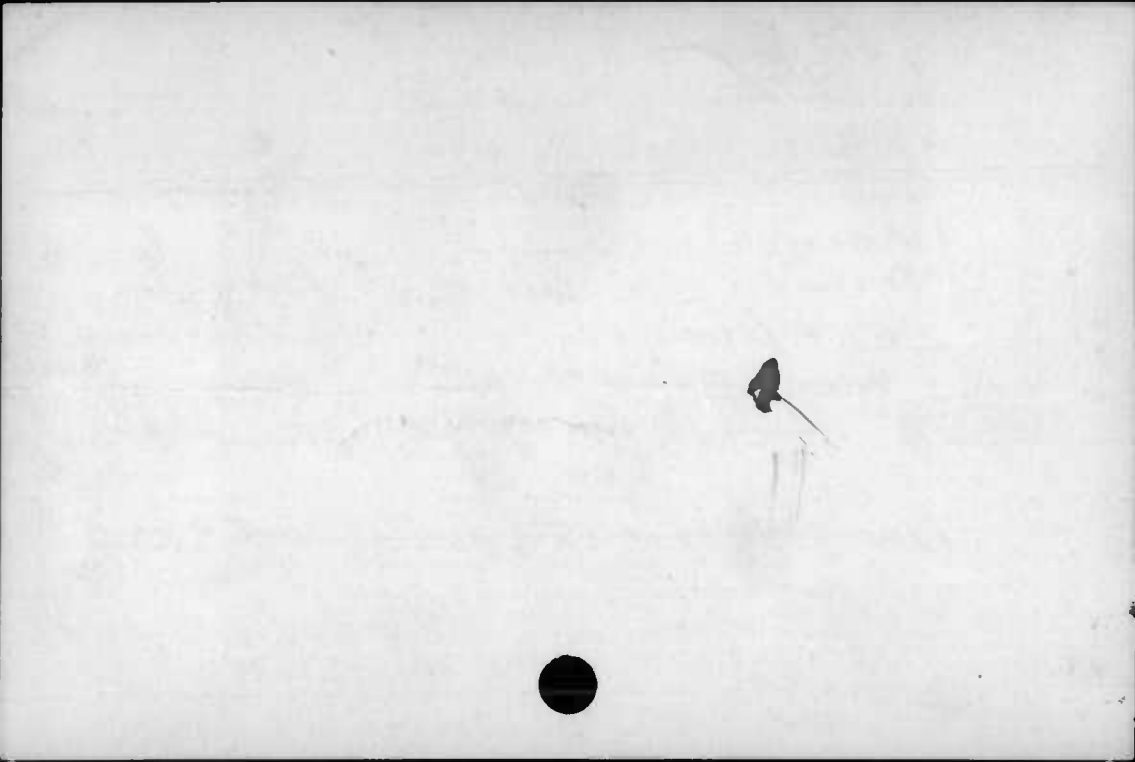
Died at <i>Louisville</i>		Town		<i>Carroll</i>		County		MARYLAND	
Date of death <i>1907 Jan</i>		Month		Day <i>30</i>		Years <i>76</i>		Months <i>5</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Days <i>20</i>			
Occupation <i>Miner</i>				Where Residing if not at place of death					
Married, <i>Single</i> or Widowed				Name of Wife or Husband <i>Ann H. Gamble</i>					
Father's Name <i>Solomon Boone</i>				Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Martha M. Merryman</i>				Mother's Birthplace <i>England</i>					
Name of person giving information <i>Geo. E. Boone</i>				How related to deceased <i>Son</i>					

CAUSES OF DEATH

Primary	<i>Miners Pneumococosis</i>	How long	<i>20 yrs</i>
Immediate	<i>Cardiac Asthma</i>	How long	<i>15 yrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. S. N. Gonsuek</i>	
		Address <i>Gambler Md</i>	
Accident or Suicide?			

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Saiah Copenhaver

Died at *Mayberry* ^{Town} *Carroll* ^{County} **MARYLAND**

Date of death *1907* ^{Month} *July* ^{Day} *23d* ^{Years} *Age 68* ^{Months} *3* ^{Days} *5*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Stone Mason* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Elizabeth Copenhaver*

Father's Name *Mathias Copenhaver* Father's Birthplace *Maryland*

Mother's Maiden Name *Elizabeth Rudolph* Mother's Birthplace *Maryland*

Name of person giving information *Elizabeth Copenhaver* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Gastric Ulcer* ^{How long} *2 mos.*

Immediate *Heart trouble* ^{How long} *thirteen*

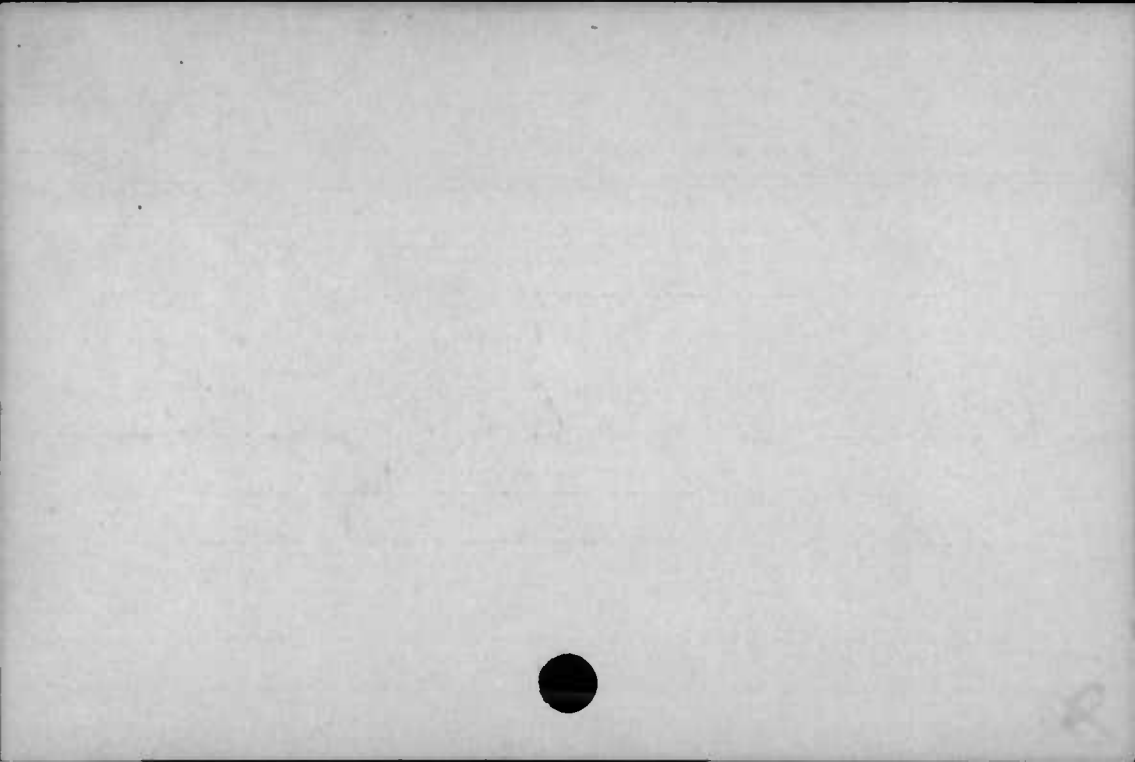
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Luther Kemp*

Address *Uniontown Pa*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

William J. Crabbs

No 129

Town

County

Died at

Union Bridge

Carroll

MARYLAND

Date

1909

Month

1

Day

5

Y.

M.

D.

Native of

Md

Occupation

Justice of Peace

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Clara Crabbs

Wife

Father's

Name

Frederick Crabbs

Mother's

Name

Mildred Todd

Cause of

Primary

Hypertrophy of Prostate Gland

How long sick

3 yrs.

Death

Immediate

Heart

Accident, Suicide, Homicide

Reported by

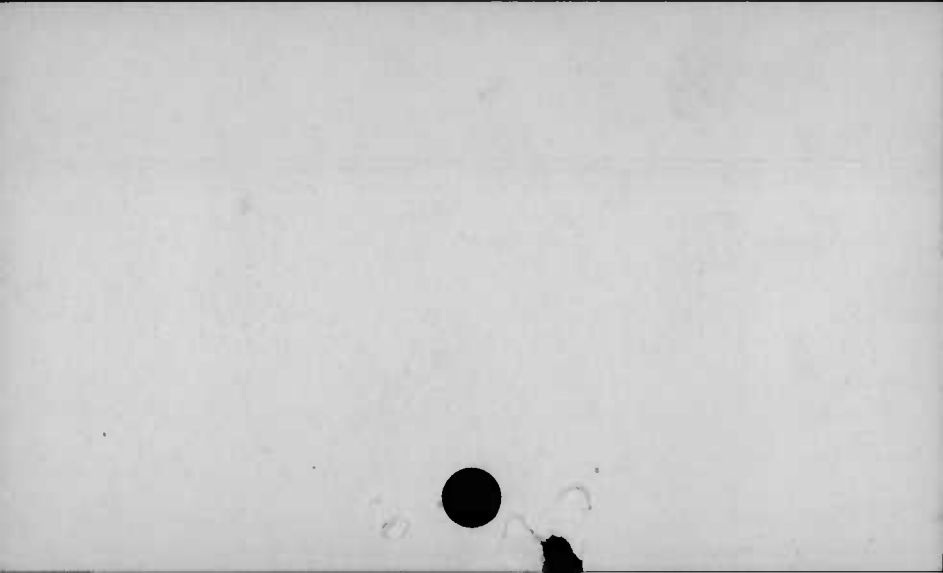
W. Humbert Brown M.D.

Address

Union Bridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name
in
Full

Annie Rebecca Cramer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Jan	12	62			
Sex	Female	Color or Race	W	Birth-place	Virginia		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Jessie Cramer							
Father's Name	Unknown			Father's Birthplace			
Unknown				Mother's Birthplace			
Mother's Maiden Name				Unknown			
Name of person giving information				How related to deceased			
Herbert Lambert				1			

CAUSES OF DEATH

Primary	Double Pneumonia.	How long	93	One week
Immediate		How long		

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

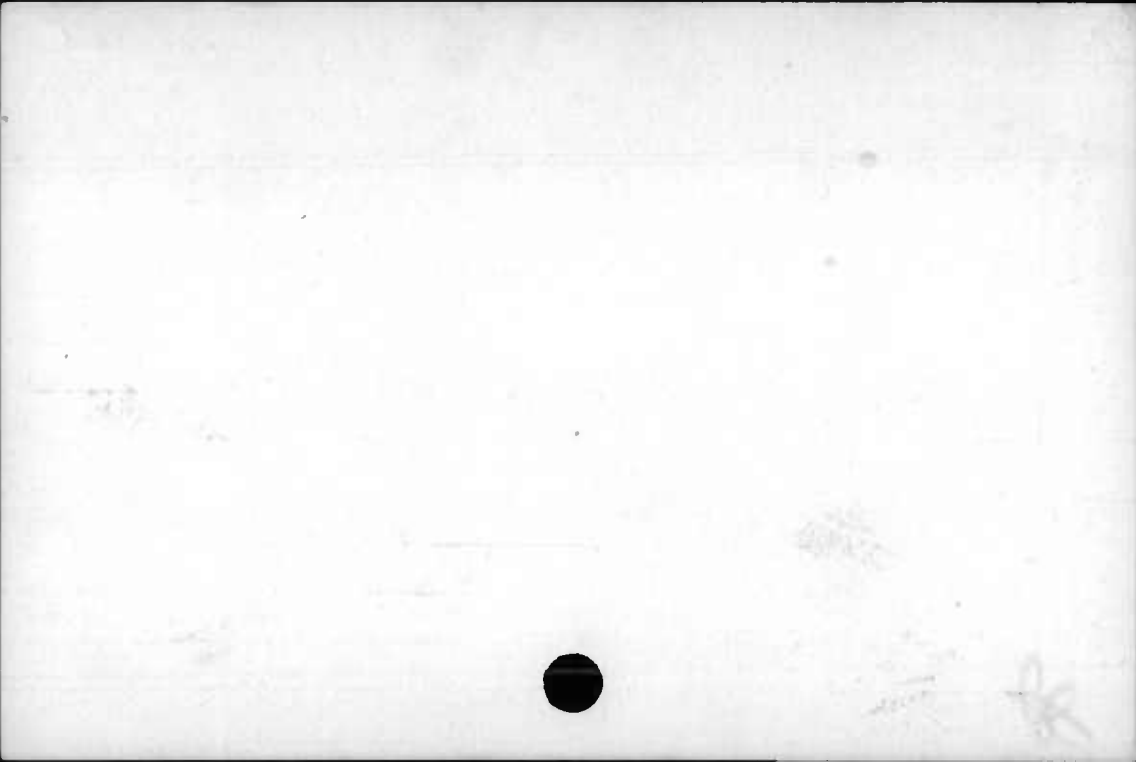
Signature of Physician

Dr. Ira E. Whitehill

Address

New Windsor Md.

Accident or Suicide?



Name
in
Full

Elsie Dell

D.

123

CERTIFICATE OF DEATH

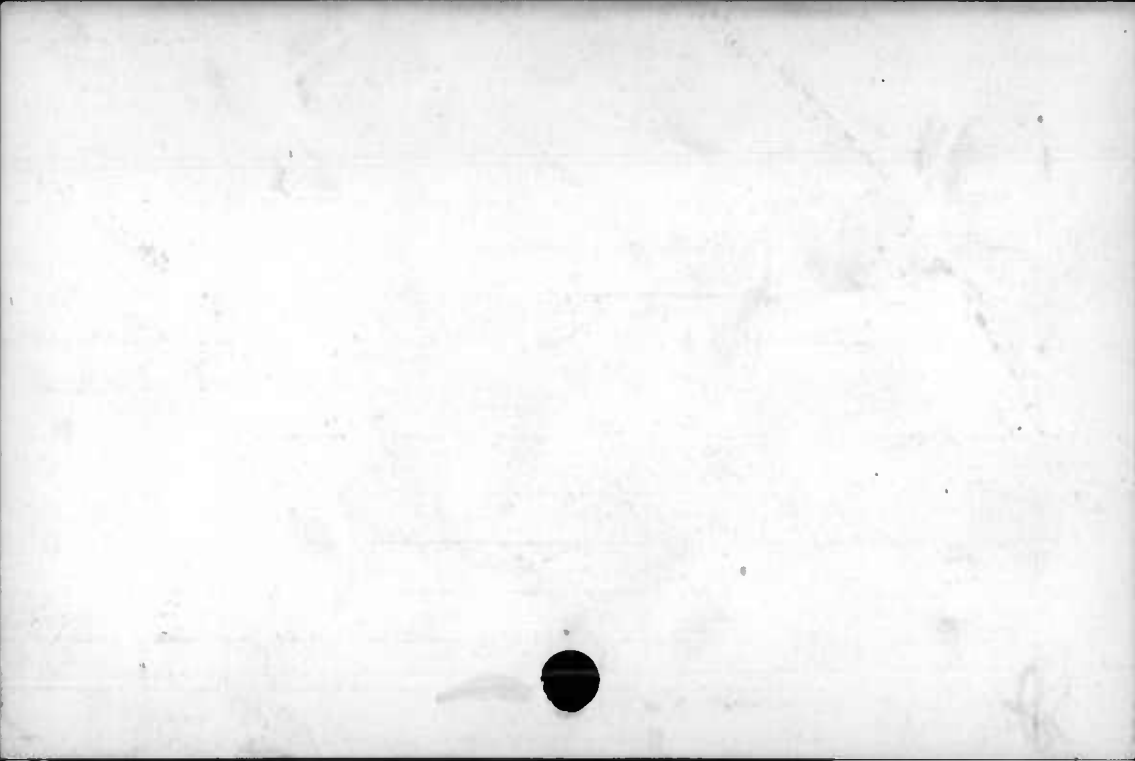
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> ^{Town} <i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Jan</i> ^{Month}	<i>7</i> ^{Day}	<i>1</i> ^{Years}
		<i>11</i> ^{Months}	<i>6</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Carroll Co Md</i>	
Occupation		Where Residing if not at place of death	
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Ernest Dell</i>	Father's Birthplace <i>Carroll Co Md</i>		
Mother's Maiden Name <i>Mary Jannet</i>	Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Ernest Dell</i>	How related to deceased <i>Father</i>		

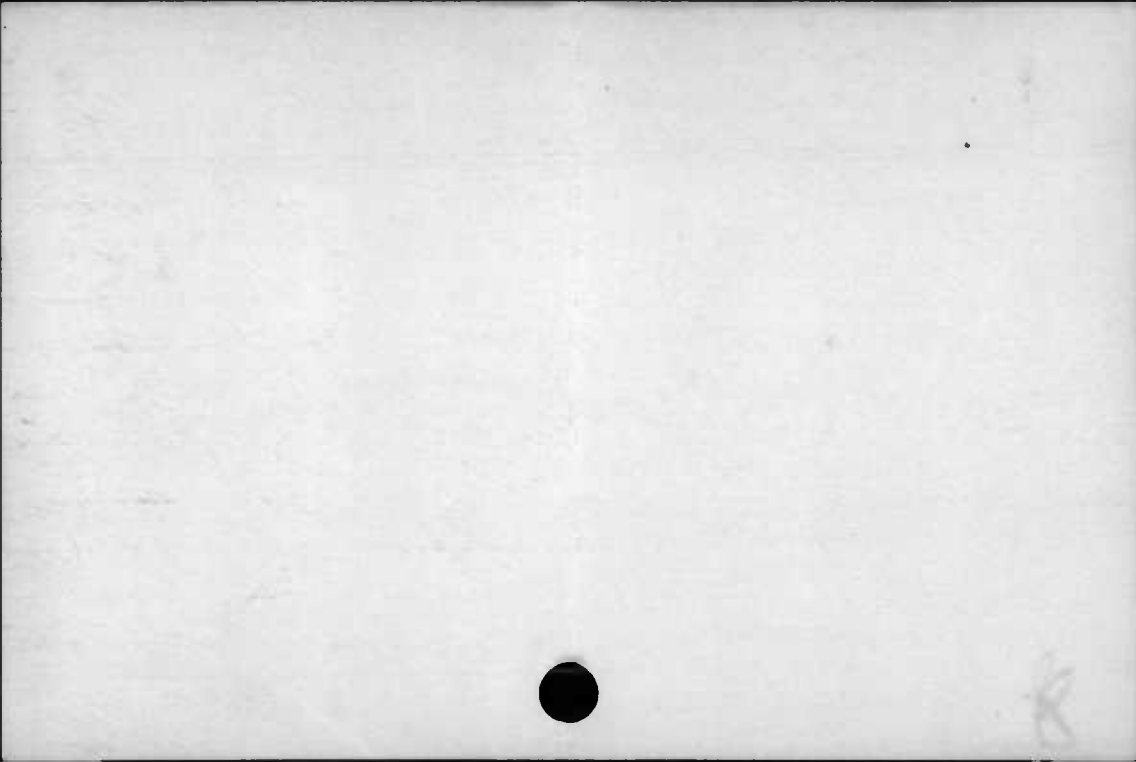
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>4 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas. R. Fort</i>	
		Address <i>Westminster Md</i>	
Accident or Suicide? <i>—</i>			



Name in Full		Premature Child: "Dill"				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Oakland.		County Carroll.		MARYLAND		
		Date of death 1907.		Month Jan.	Day 7.	Age —	Months —	Days —
		Sex Female		Color or Race White.		Birth-place Oakland.		
		Married, Single or Widowed —		Occupation —				
		Name of Wife or Husband —						
		Father's Name David E. Dill.		Father's Birthplace Maryland.				
		Mother's Maiden Name Margie E. Parker.		Mother's Birthplace Maryland.				
		Name of person giving Information David L. Dill.		How related to deceased Father.				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary Premature Birth.		How long —				
		Immediate Exhaustion.		How long —				
		Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician Wm. H. Ward, M.D.		Address Harrisonville, Mo.		
		Accident or Suicide? —						



Name
in
Full

(Dells) John Thomas - Jr

CERTIFICATE OF DEATH

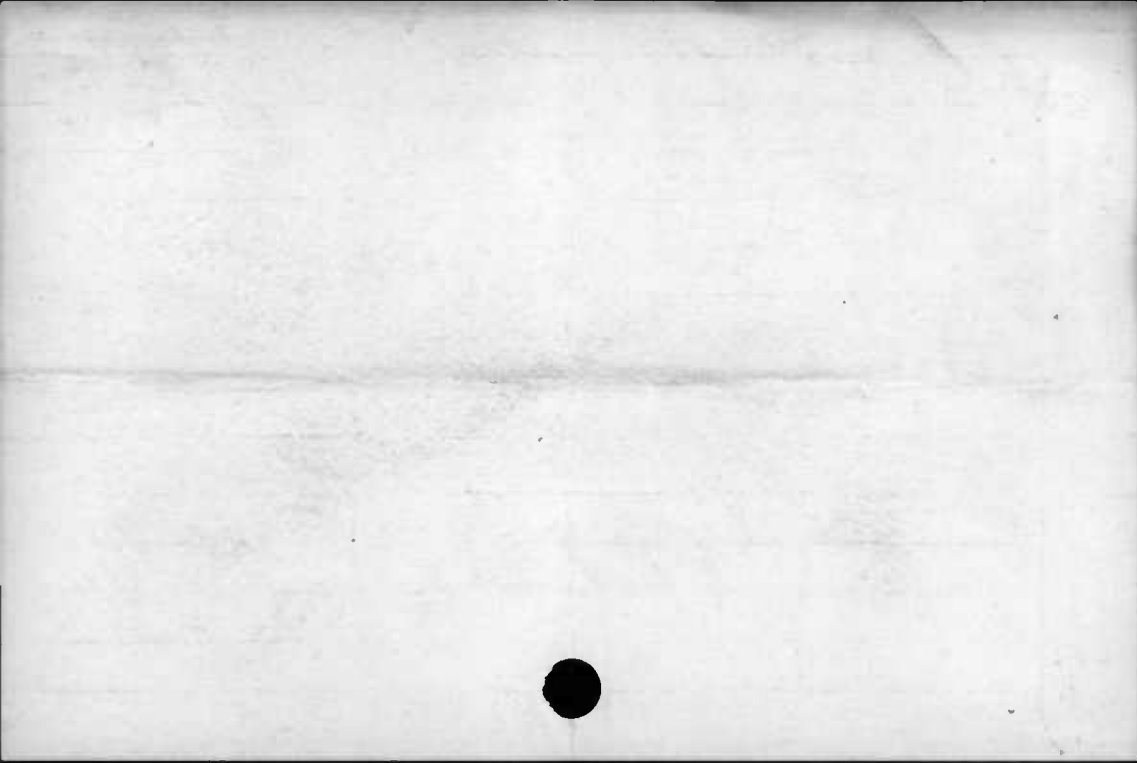
TO BE ANSWERED BY
NEAREST FRIEND

Died <u>near</u>		Town <u>Sylmarville</u>		County <u>Carroll</u>		MARYLAND	
Date of death	1907	Month	1	Day	5	Age	14
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Ind -</u>		Months <u>5</u> Days <u>6</u>	
Occupation <u>Farm Labor</u>				Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>-</u>					
Father's Name <u>John Thomas Dells</u>		Father's Birthplace <u>Pa</u>		Mother's Name <u>Violet E. Stachuth</u>		Mother's Birthplace <u>Ind -</u>	
Name of person giving information <u>W.E. Dells</u>		How related to deceased <u>brother</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Typhoid - Fever</u>	How long	<u>20 days</u>
Immediate	<u>Pneumonia</u>	How long	<u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>M. Boonin, Surgeon</u>	
		Address <u>Sylmarville Ind -</u>	
Accident or Suicide? <u>-</u>			



Name
In
Full

Carroll Franklin Vesterman

nr 134

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westminster</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u> <small>Month</small>	<u>Jan</u> <small>Day</small>	<u>27</u> <small>Age</small>	<u>3</u> <small>Months</small>	<u>7</u> <small>Days</small>
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation			Birth-place	<u>Maryland</u>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<u>Harry de Vesterman</u>		
Father's Birthplace			<u>Maryland</u>		
Mother's Maiden Name			<u>Eolna May Franklin</u>		
Mother's Birthplace			<u>do</u>		
Name of person giving information			<u>Harry de Vesterman</u>		
How related to deceased			<u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Influenza</u>	How long	<u>2 weeks</u>
Immediate	<u>Pneumonia</u>	How long	<u>1 hr</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>J. J. Waring</u>	
		Address	
		<u>Westminster</u>	
Accident or Suicide?		<u>No</u>	

Meadow Branch

Name
in
Full

Mary Virginia Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cover</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	1907	Month	1	Day	19
Age	21	Years	21	Months	6
Sex	Female	Color or Race	White	Birth-place	Frederick Co., Md.
Occupation	Housewife		Where Residing if not at place of death		Cover. Md.
Married, Single or Widowed	Married	Name of H or Husband	Levin Dorsey		
Father's Name	Reuben S. Baker			Father's Birthplace	Fred. Co., Md.
Mother's Maiden Name	Laura W. Alexander			Mother's Birthplace	Fred. Co., Md.
Name of person giving information	Levin Dorsey			How related to deceased	Kelband.

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Chronic Brights	How long	5 mos.
Immediate	Yes	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>L. P. Brooks</i>
		Address	<i>Marble Mt</i>
Accident or Suicide?			

Taylorville.

Name In Full

Certificate of Death

Harriet A. B. Enson

Town

County

Died at

Greenmount -

Carroll

MARYLAND

Date 1907

Month

Day

Y.

M.

D.

Native of

Occupation

Jun 5 -

Age

1

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Joshua Enson

Mother's

Maiden Name

Carrie Buckner

Cause of

Primary

Whooping Cough

How long sick

5 days

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

J. H. Sherman M.D.

Address

J. Mandusky

Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

A Irene Fogle

CERTIFICATE OF DEATH

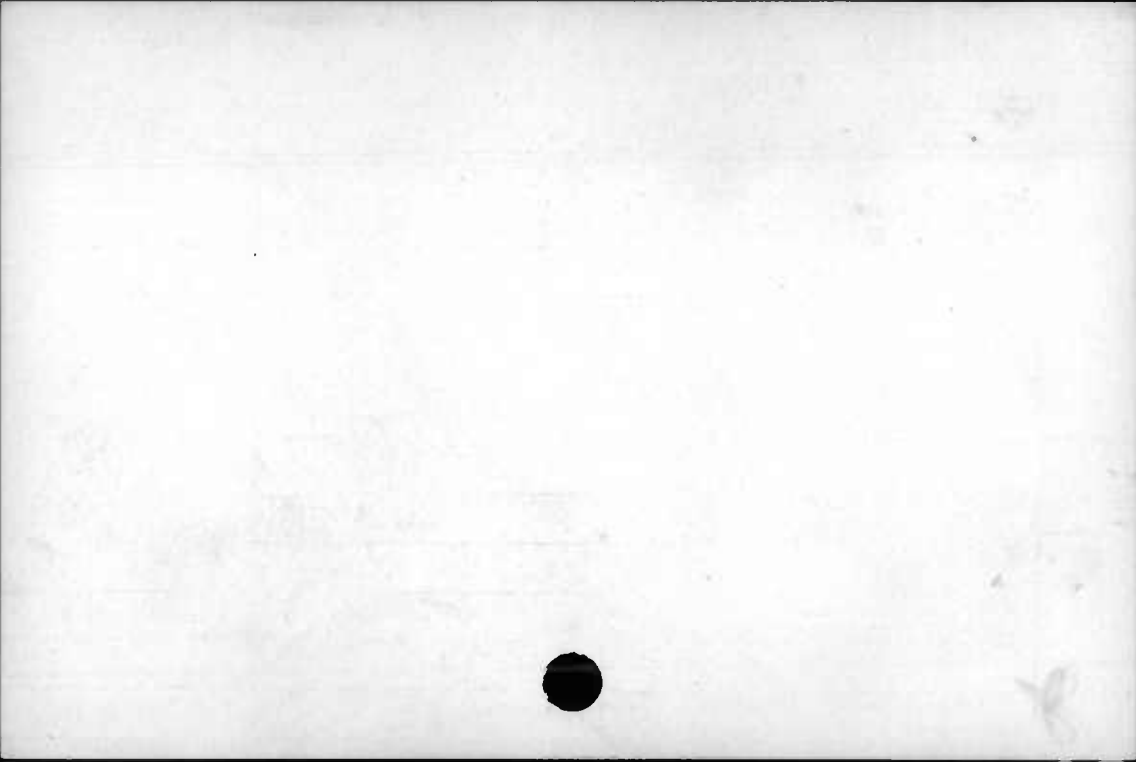
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bruceville</i> ^{Town}		<i>Barroll</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>1</i>	Day <i>26</i>	Age <i>11</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Eli Fogle</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Matilda Angell</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Thomas Angell</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long <i>2 or 3</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Charles E. Ross</i>
	Address <i>Foreyptons Ind.</i>
Accident or Suicide?	



Name in Full		Susie Louise Gibson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died near <u>Berrett</u>		County <u>Carroll</u>		MARYLAND		
		Date of death 1907		Month <u>1</u>	Day <u>7</u>	Age Years <u>7</u>	Months <u> </u>	Days <u> </u>
		Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Carroll Co., Md.</u>		
		Occupation <u> </u>		Where Residing if not at place of death <u>near Berrett, Md.</u>				
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u> </u>				
		Father's Name <u>William Gibson</u>		Father's Birthplace <u>Berrett, Md.</u>				
Mother's Maiden Name <u>Louisa Dorsey Deane</u>		Mother's Birthplace <u>Berrett, Md.</u>						
Name of person giving information <u>William Gibson</u>		How related to deceased <u>Father.</u>						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <u>Tonsillitis</u>		How long <u>10 days</u>				
		Immediate <u>"</u>		How long <u>"</u>				
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>E. D. Crank</u>				
				Address <u>Winfield Carroll Co</u>				
		Accident or Suicide? <u> </u>						

White Rock

Name

in
Full

CERTIFICATE OF DEATH

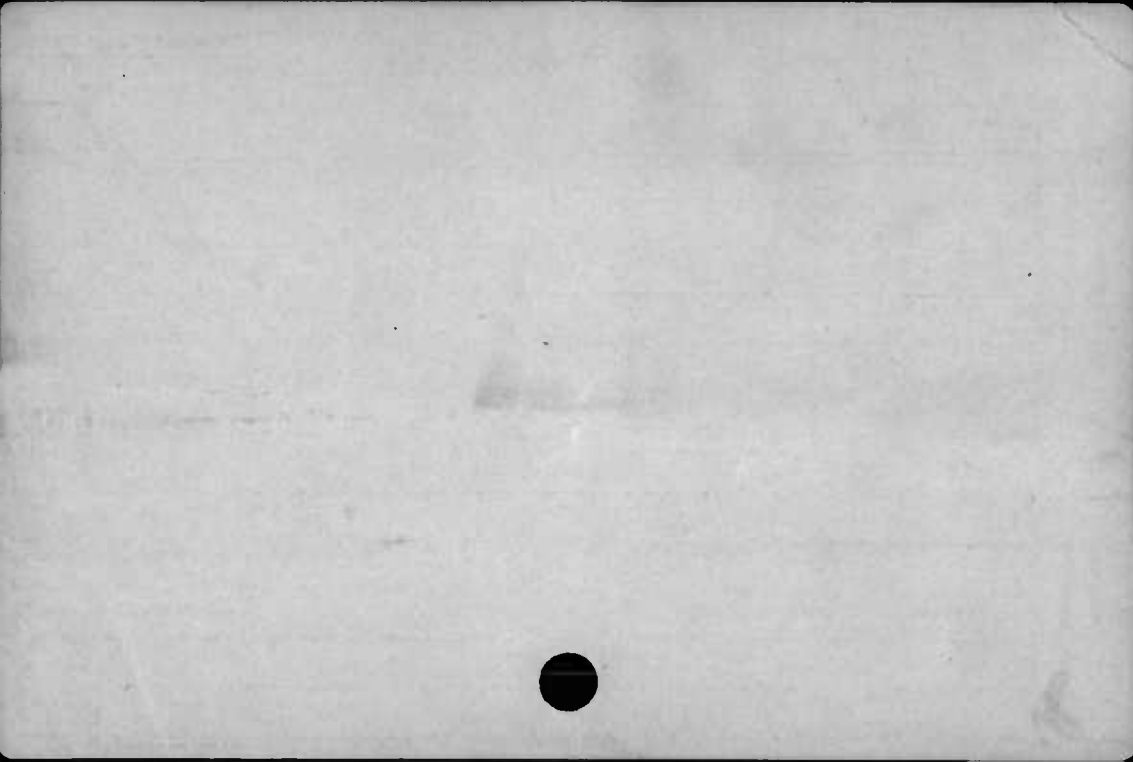
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Oakland</u> Town		<u>Barroll</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>June</u>	Day <u>6</u>	Years <u>24</u>	Months <u>6</u>	Days <u>11</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Oakland</u>		
Occupation <u>Housewife</u>		Where Residing if not at place of death			
Married, Yes <u>Married</u>	Name of Wife <u>Maybelle H. Brown</u>		Husband		
Father's Name <u>Edward H. White</u>	Father's Birthplace <u>Baltimore</u>		Mother's Birthplace <u>Donkham</u>		
Mother's Maiden Name <u>Eda H. White</u>	Name of person giving information <u>Barbra Cassell</u>		How related to deceased <u>brother-in-law</u>		

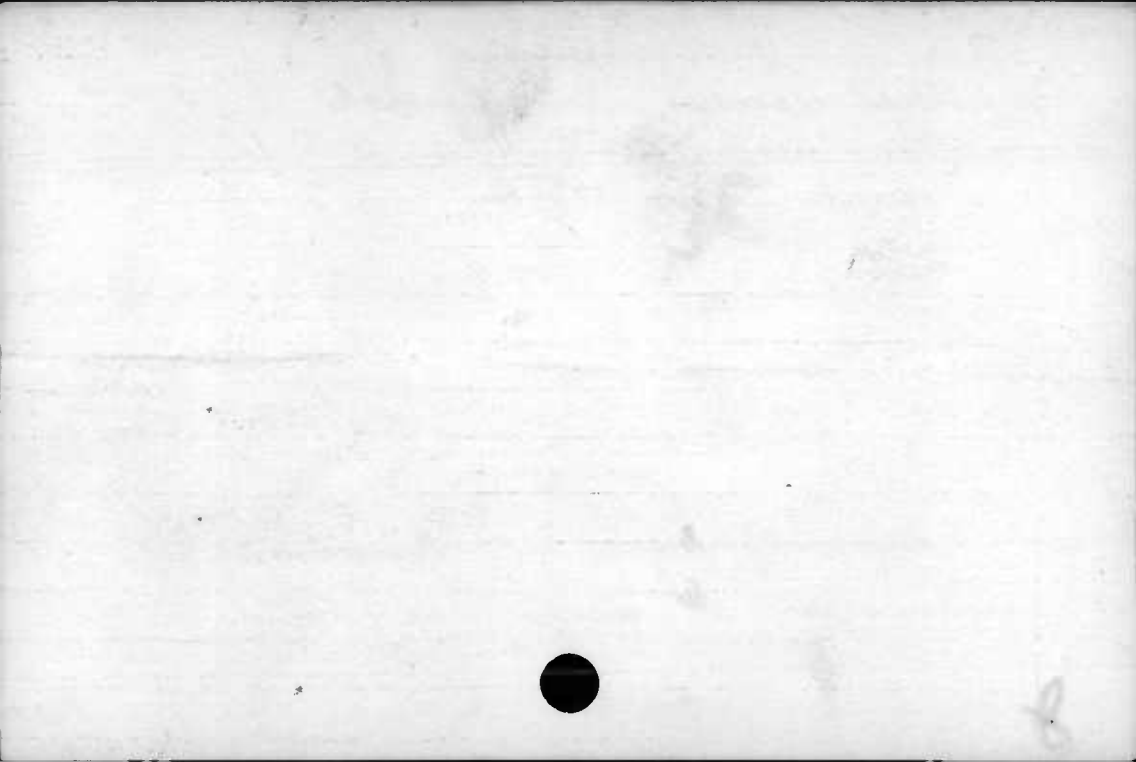
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>93</u>
Immediate <u>Complication of lung</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>R. H. Keen</u>
	Address <u>Harmonville</u>
Accident or Suicide?	<u>yes</u>



Name in Full		Cornelia Greenland				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Springfield Hospital -</i>		TOWN <i>Carroll</i> County		MARYLAND		
		Date of death <i>1907</i>	Month <i>1st</i>	Day <i>31st</i>	Age <i>72</i>	Years	Months	Days
		Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Ind.</i>		
		Occupation <i>House keeper.</i>		Where Residing if not at place of death				
		Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>—</i>				
		Father's Name <i>John Andrew</i>		Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Ruth Spence</i>		Mother's Birthplace <i>Ind.</i>						
Name of person giving information <i>Hospital records.</i>		How related to deceased						
		CAUSES OF DEATH		<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> 93 </div>				
PHYSICIAN OR CORONER		Primary <i>Senile dementia</i>		How long <i>3 years.</i>				
		Immediate <i>Lobar Pneumonia</i>		How long <i>2 days.</i>				
		Are the name, age, sex, color, date and place correctly given above? <i>To best</i>		Signature of Physician <i>W. Henry Fisher</i>				
		<i>I of my knowledge.</i>		Address <i>Seykesville Ind.</i>				
		Accident or Suicide?						



Name
in
Full

Margaret E Grumbine

Grumbine

130

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westminster</u>		County <u>Carroll</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Jan</u>	Day <u>22</u>	Age <u>45</u>	Years <u>11</u>	Months <u>11</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Pa</u>		
Occupation <u>at Home</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Wm Hamilton Grumbine</u>				
Father's Name <u>decent known</u>	Father's Birthplace <u>unknown</u>		Mother's Birthplace <u>unknown</u>		
Mother's Maiden Name <u>" "</u>	Name of person giving information <u>William H Grumbine</u>		How related to deceased <u>Son</u>		

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

Immediate

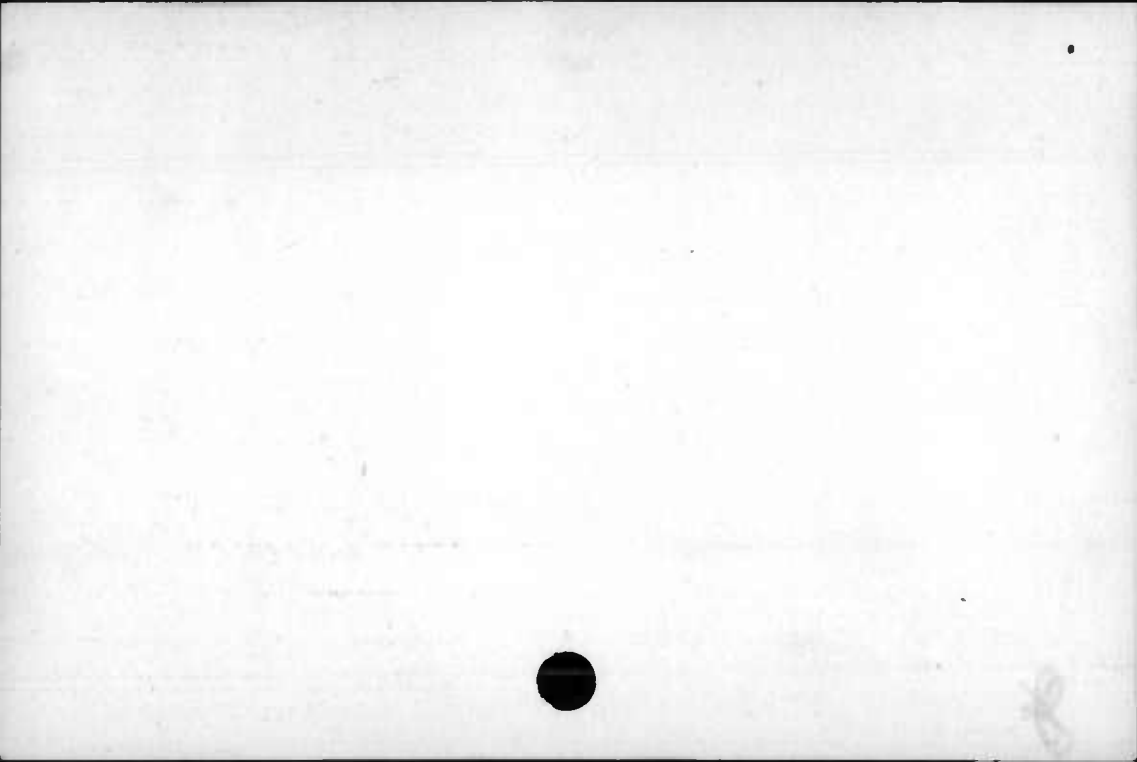
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Eugene M Sullivan M.D.
146 Main St.

Accident or Suicide?



Name
in
Full

Catherine A. Harman

CERTIFICATE OF DEATH

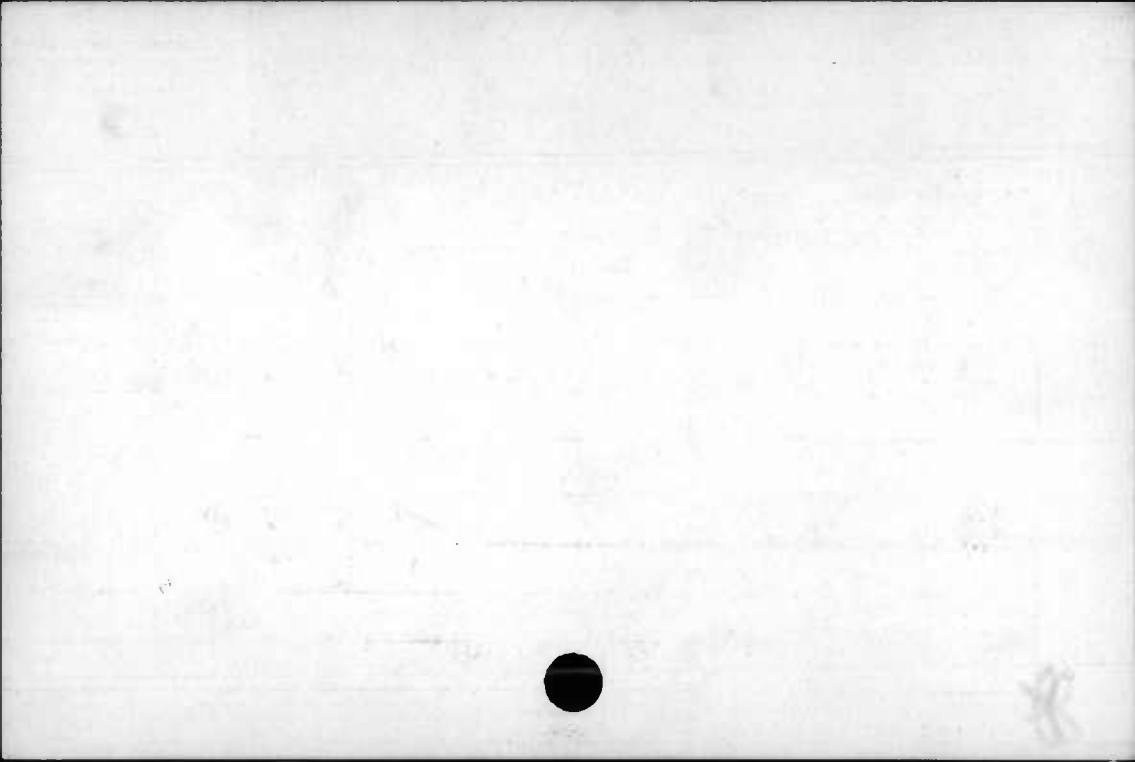
TO BE ANSWERED BY
NEAREST FRIEND

Died <input checked="" type="checkbox"/> Near ^{Town} <i>Taneytown</i>		^{County} <i>Carroll</i>		MARYLAND	
Date of death	1907	Month	1	Day	30
Age	74	Years	0	Months	14
Sex	Female	Color or Race	White	Birth-place	Mod
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Widowed		Name of Wife or Husband <i>Simion Harman</i>		
Father's Name	<i>Jacob Null</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Catherine Bishow</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Samuel Harman</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valvular disease of heart</i>	How long	<i>5 yrs</i>
Immediate	<i>Grp</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Let Simion Harman</i>	
		Address	
		<i>Taneytown</i>	
Accident or Suicide?			



Name
in
Full

Catharine pictoria Hill

118
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at East river ^{Town} Carroll ^{County} MARYLAND

Date of death 1907 ^{Year} Jan ^{Month} 6th ^{Day} 68 ^{Age} 6 ^{Months} 13 ^{Days}

Sex Female Color or Race White Birth-place Baltimore

Occupation House Wife Where Residing if not at place of death _____

Married, Single or Widowed married Name of Wife or Husband John T Hill

Father's Name George Blautice Father's Birthplace Baltimore

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information (27) How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

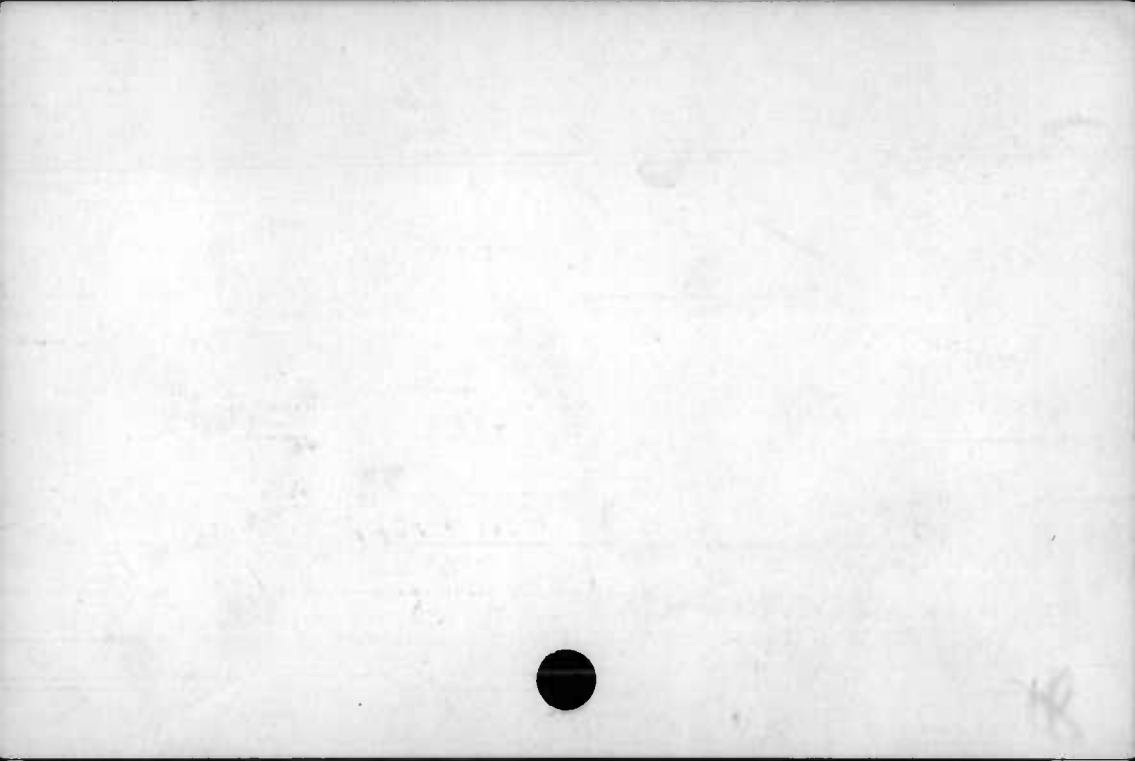
Primary Pulmonary Tuberculosis How long many years

Immediate Pneumonia How long 1 week

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Dr. E. V. Gorsuch

Address Gamblers Md

Accident or Suicide? _____



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

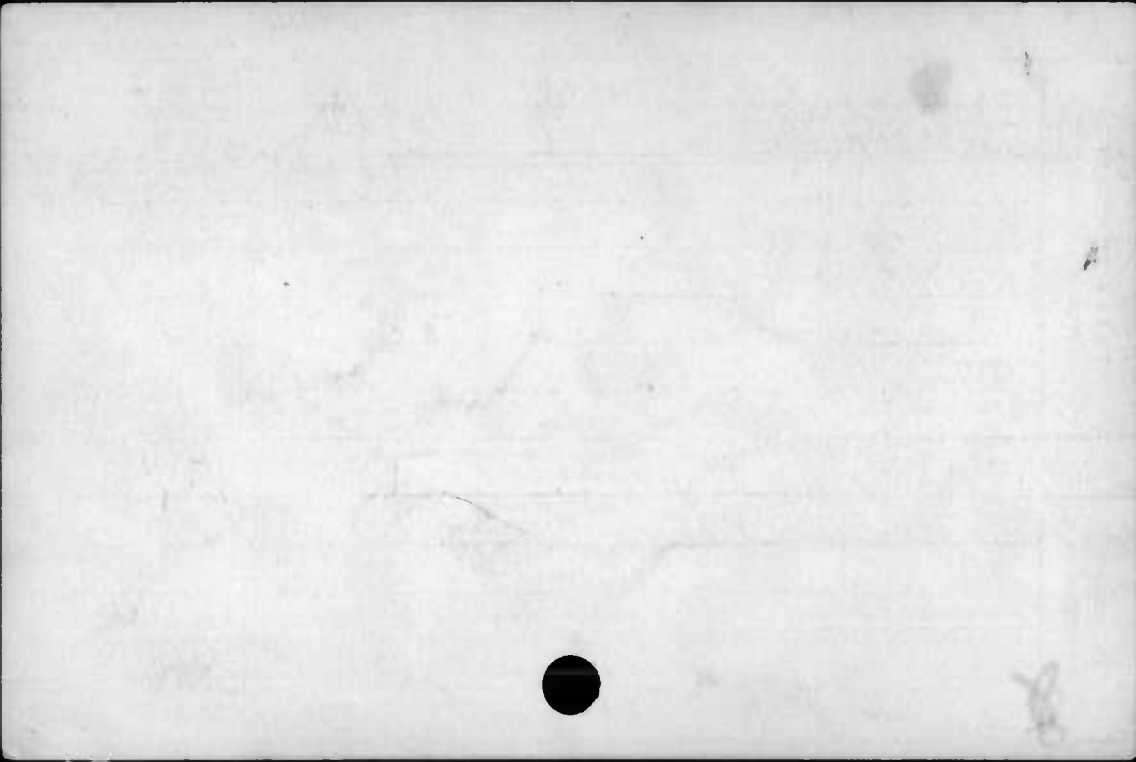
Died at <i>West Airy</i> Town		<i>Carroll</i> County			
Date of death 1907	Jan.	Month	4	Day	Age 71
Sex <i>Female</i>	Color or Race <i>white american</i>	Birthplace <i>Balto' Co.</i>			
Occupation <i>House wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>John Hipsley</i>				
Father's Name <i>Isaac Pratt</i>	Father's Birthplace				
Mother's Maiden Name <i>Mary Mattingly</i>	Mother's Birthplace				
Name of person giving information <i>Med Hipsley</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

(406)

PHYSICIAN
OR CORONER

Primary <i>Chronic Diarrhea</i>	How long <i>3 months</i>
Immediate <i>Asthma</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J.E. Brownwell</i>
	Address <i>West Airy</i>
Accident or Suicide?	<i>Med.</i>



Name
in
Full

William Hiteshead

CERTIFICATE OF DEATH

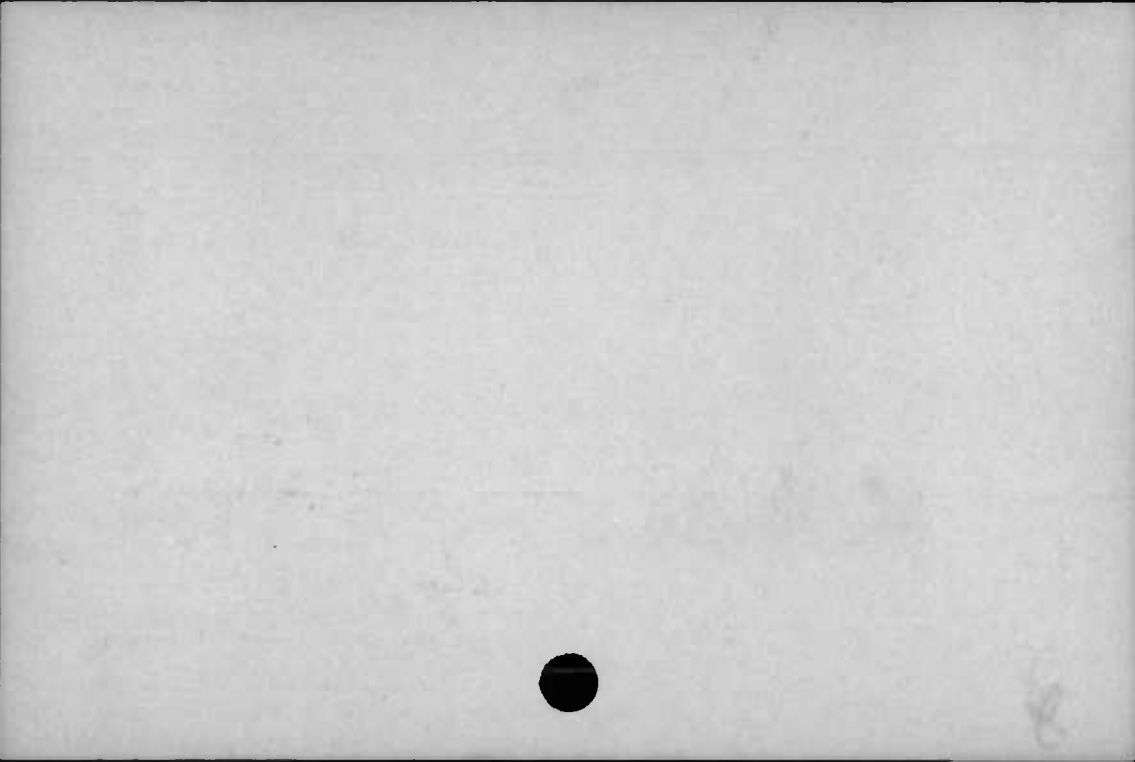
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		July	15	84			
Sex	Male	Color or Race	White		Birth-place	Carroll Co.	
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband		Louisa Hiteshead		
Father's Name	Abraham Hiteshead				Father's Birthplace	Carroll Co.	
Mother's Maiden Name	Catherine Hanes				Mother's Birthplace	Carroll Co.	
Name of person giving information	Hiteshead family				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Intestinal Obstruction	How long	36 hours.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Luther News	
		Address	
		Hancock, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Peter Houck</i>		Town <i>Manchester</i>		County <i>of Carroll</i>		MARYLAND	
Died at <i>Manchester</i>		Month <i>1</i>		Day <i>25</i>		Years <i>22</i>	
Date of death <i>1904</i>		Months <i>5</i>		Days <i>28</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Manchester</i>			
Occupation <i>Blacksmith</i>		Where Residing if not at place of death <i>Manchester</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Husband</i>					
Father's Name <i>George A Houck</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Catherine Schoff</i>		Mother's Birthplace <i>Pennsylvania</i>					
Name of person giving information <i>Charles E Houck</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

La Grippe

How long

2 days

Immediate

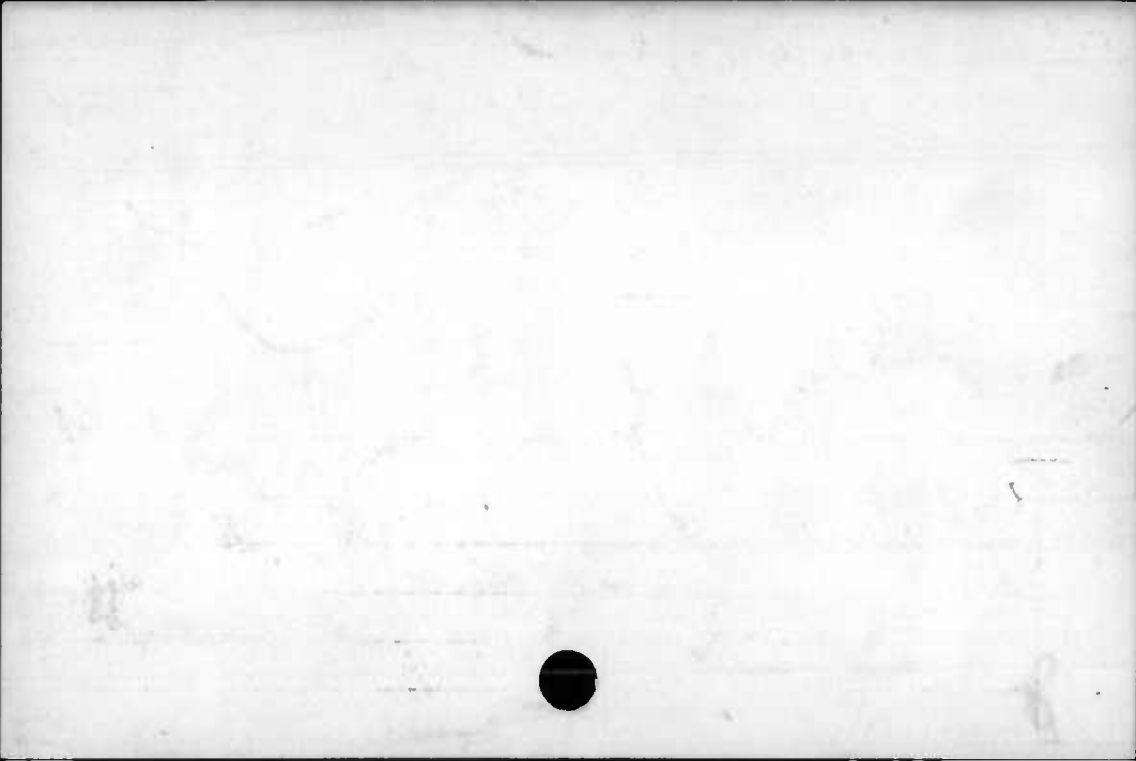
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J H Sherman MD
Manchester
Ind

Accident or Suicide?



Name
in
Full

Frederick Husbalebaugh

CERTIFICATE OF DEATH

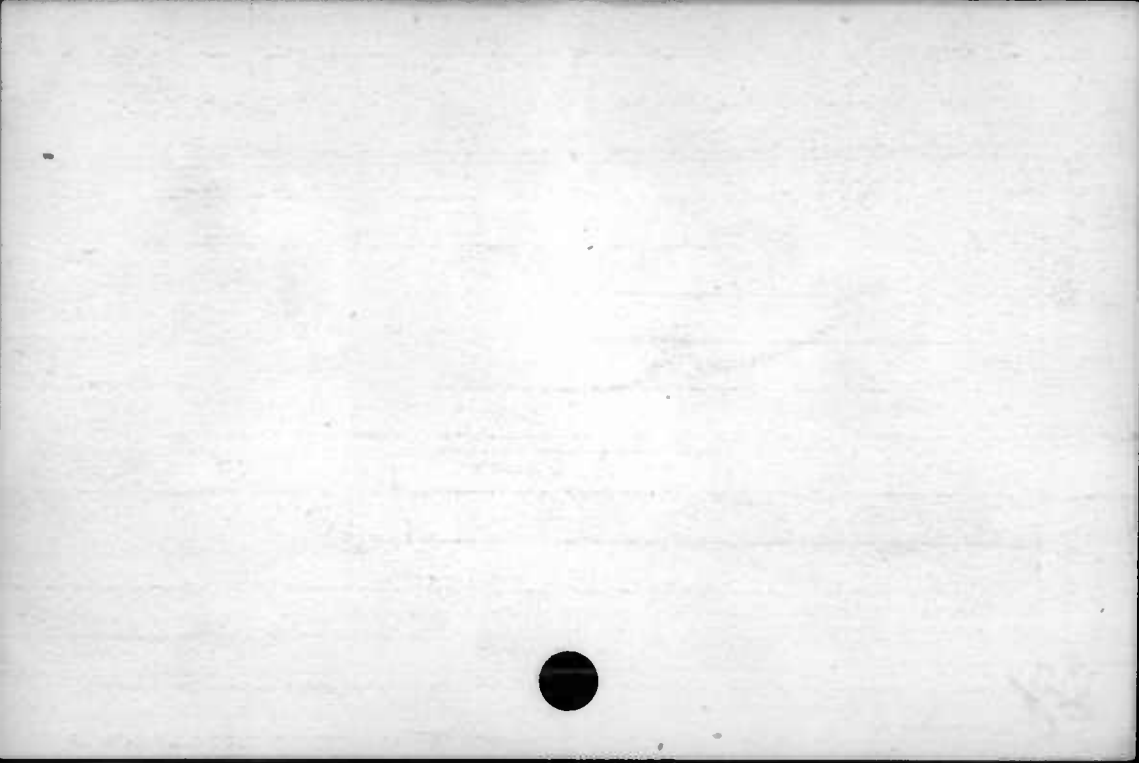
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Henriington		County Carroll		MARYLAND	
Date of death		1907	Month January	Day 6	Age 47	Months 5	Days 5
Sex Male		Color or Race white		Birth- place Carroll Co. Md.			
Occupation Laborer				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband Mary Husbalebaugh			
Father's Name		John Husbalebaugh				Father's Birthplace Germany	
Mother's Maiden Name		Annie Margaret Stumpner				Mother's Birthplace Germany	
Name of person giving In formation		Mrs A. Frank Armstrong				How related to deceased Daughter	

CAUSES OF DEATH

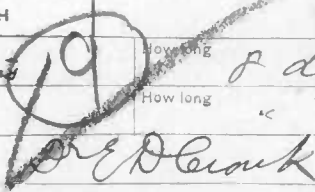
PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	7 months
Immediate	Pneumonia - Failure of Respiration	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Daniel B. Frecher	
Address		Sykesville Md	
Accident or Suicide?		no	



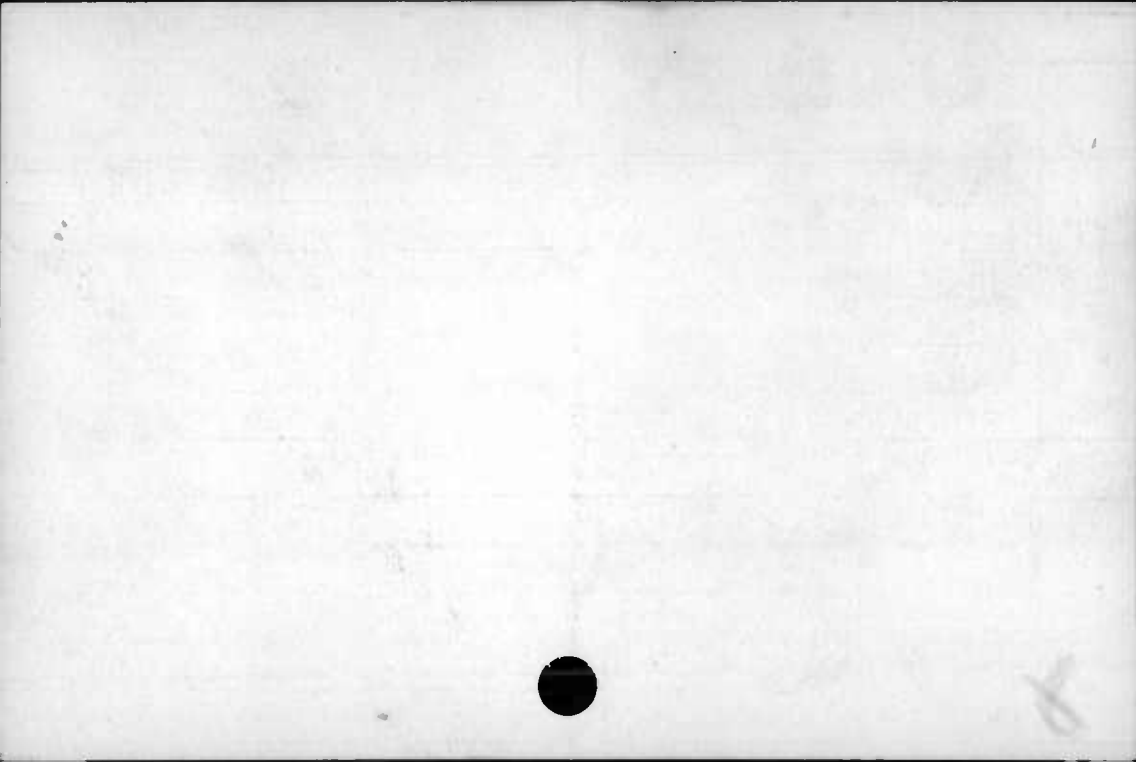
Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Winfield</i> ^{Town}		County <i>Carroll</i>		
		Date of death 190 <i>7</i>		Month <i>1</i>	Day <i>15</i>	Age Years <i>12</i>
		Sex <i>Female</i>		Color or Race <i>Colored</i>	Months <i>6</i>	Days <i>—</i>
		Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>		
		Name of Wife or Husband <i>—</i>				
Father's Name <i>Paul Jason</i>		Father's Birthplace <i>Carroll Co., Md.</i>				
Mother's Maiden Name <i>Margaret Dorsey</i>		Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Paul Jason</i>		How related to deceased <i>Father.</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Diphtheria Tonsillitis</i>		How long <i>5 days</i>		
		Immediate <i>" "</i>		How long <i>" "</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. E. O'Connell</i>		
				Address <i>—</i>		
		Accident or Suicide? <i>—</i>				

White Rock

Name in Full		Mary Ann Jason				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Winfield	County Carroll		MARYLAND	
		Date of death		1907	Month 1	Day 18	Age 15	Months 7
		Sex		Female		Color or Race		Colored
		Occupation				Birth-place		Berrett, Md.
						Where Residing if not at place of death		Winfield - Md.
TO BE ANSWERED BY NEAREST FRIEND		Married, Single or Widowed		Single		Name of Wife or Husband		
		Father's Name		Paul Jason		Father's Birthplace		Carroll Co., Md.
		Mother's Maiden Name		Margaret Dorsey		Mother's Birthplace		" " "
		Name of person giving information		Paul Jason		How related to deceased		Father
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Diphtheritic Tonsillitis		How long		8 days
		Immediate		"		How long		" "
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
						Address		
		Accident or Suicide?						

White Rock

Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Sykesville</i>				<i>Carroll</i>		MARYLAND			
		Date of death <i>1907</i>		Month <i>July</i>	Day <i>21</i>	Age <i>30</i>	Years	Months	Days		
		Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Sykesville, Md</i>					
		Occupation <i>Baltimore & Ohio R.R. Laborer</i>				Where Residing if not at place of death <i>_____</i>					
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Clara Johnson</i>							
		Father's Name <i>Samuel Johnson</i>				Father's Birthplace <i>Howard Co. Md</i>					
		Mother's Maiden Name <i>Mary Holmes</i>				Mother's Birthplace <i>Carroll Co. Md</i>					
		Name of person giving information <i>Samuel Johnson</i>				How related to deceased <i>Father.</i>					
CAUSES OF DEATH (26)											
PHYSICIAN OR CORONER		Primary <i>Laryngeal Tuberculosis, Complicated by Valvular</i>				How long <i>4 months</i>					
		<i>heart trouble</i>				How long					
		Immediate <i>Failure of Respiration</i>									
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>Daniel B. Frecher</i>					
		<i>— supposed to be —</i>				Address <i>Sykesville, Md.</i>					
		Accident or Suicide? <i>_____</i>									



Name
in
Full

Barbara Ellen Kane

131
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westminster</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death	190 <u>7</u> ^{Month} <u>Jan</u> ^{Day}	<u>23</u> ^{Day}	Age <u>55</u> ^{Years}	<u>2</u> ^{Months}	<u>9</u> ^{Days}
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>Md</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death <u>Home</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband <u>Richard Kane</u>			
Father's Name	<u>Benjamin Gingling</u>			Father's Birthplace	<u>Md</u>
Mother's Maiden Name	<u>Rachael Gingling</u>			Mother's Birthplace	<u>Md</u>
Name of person giving information	<u>Richard Kane</u>			How related to deceased	<u>Husband</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Uremia</u>	How long	<u>48 hours</u>
Immediate	<u>Exhaustion</u>	How long	<u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Chas. R. Fong</u>
		Address	<u>Westminster</u>
Accident or Suicide?	<u>—</u>		<u>Md</u>

St Benjamin's Cemetery
Stoner

Name
in
Full

Evelyn Larru King

128
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Westminster		^{County} Carroll		MARYLAND	
Date of death 1907 Jan 11		Age 2		Months 3	Days 7
Sex Female		Color or Race White		Birth-place Westminster	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband			
Father's Name Edward F. King		Father's Birthplace Md			
Mother's Maiden Name Annie L. Starnsbury		Mother's Birthplace Md			
Name of person giving information Edward F. King		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Measles	How long	10 days
Immediate	Pneumonia lobular - Exhaustion	How long	4 days
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Chas. R. Fauts, M.D.</u>	
		Address <u>Westminster Md</u>	
Accident or Suicide? <u>No</u>			

St Raphael's Cemetery
Stoner,

Name
in
Full

B

no 121
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Joseph Earl Lease

Died at *Bachmans Valley* Town *Carroll* County

Date of death *1907 Jan 17* Age *5* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Carroll Co Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed Name of Wife or Husband

Father's Name *William W. K. Lease* Father's Birthplace *Carroll Co Md*

Mother's Maiden Name *Cecilia Matthias* Mother's Birthplace *" " "*

Name of person giving information *William W. K. Lease* How related to decedent *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Otitis Media & Perforation* How long *2 weeks*

Immediate *Convulsions* How long *6 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *L. Woodward*

Address *Westminster Md*

Accident or Suicide? *No*

Bachmans cemetery
Stoner

Name
in
Full

Laura McCabe

No 124

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westminster</u> <u>Carroll</u> County		MARYLAND	
Date of death	Month <u>Jan</u>	Day <u>7</u>	Age <u>—</u> Years <u>—</u> Months <u>2</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>md.</u>	
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Don't know</u>	Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>Carrie McCabe</u>	Mother's Birthplace <u>md.</u>		
Name of person giving information <u>Carrie McCabe</u>	How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Whooping cough</u>	How long <u>—</u>
Immediate	<u>Infantile</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>Chas. R. South</u>
	Address <u>Westminster</u>	
Accident or Suicide?	<u>—</u>	<u>md.</u>

Mt. Alvin - Conn
New Port

Name
in
Full

Lidia

Maccabe

C

1212

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Westminster* Town *Carroll* CountyDate of death *1907* Jan Month *7* Day *45* Age *4* Months *6* DaysSex *Female* Color or Race *Colored* Birth-place *Carroll Co Md*Occupation *House/keeper* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Frank Maccabe*Father's Name *Enoch Sanders* Father's Birthplace *Carroll Co Md*Mother's Maiden Name *Annie Chambers* Mother's Birthplace *" " "*Name of person giving information *Jos Wilcox* How related to deceased *Friend*

CAUSES OF DEATH

Primary *Tuberculosis* How long *2 yrs*Immediate *Exhaustion* How longAre the name, age, sex, color, date and place correctly given above? *ys*Signature of Physician *Chas. R. Ford*Address *Westmont**Md*

Accident or Suicide?

PHYSICIAN
OR CORONER

Near New Windsor
New Port cemetery
Stones

Name
in
Full

Alongo Maus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Littlestown</u> ^{Town}		<u>Adams</u> ^{County}		1 <u>P.A.</u> <u>MARYLAND</u>	
Date of death	1907	Month	Jan	Day	3
Age	56	Years	1	Months	10
Sex	Male	Color or Race	White	Birthplace	Carroll Co. Md.
Occupation	Farmer	Where Residing if not at place of death		Carroll Co. Md.	
Married Single or Widowed	Widowed	Name of Wife or Husband		Susan	
Father's Name	William H. Maus			Father's Birthplace	Carroll Co. Md.
Mother's Maiden Name	Susan Warchime			Mother's Birthplace	Carroll Co. Md.
Name of person giving information	Sue A. Duttera			How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Accidental wound in the palm of hand. Six days.		How long
Immediate	Traumatic Septicemia. Three days.		How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician
		Address	S. B. Weaver M.D. Littlestown, Pa.
Accident or Suicide?			

Barred ^{the} Silver Pine

Name
in
Full

Elizabeth May

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Springfield Hospital - ^{County} Sykesville - CarrollDate of death 1907 ^{Month} 1st ^{Day} 28th ^{Years} Age 78 ^{Months} ^{Days}Sex Female ^{Color or Race} White ^{Birth-place} PennsylvaniaOccupation Seamstress ^{Where Residing if not at place of death}Married, Single or Widowed Single ^{Name of Wife or Husband}Father's Name ? ^{Father's Birthplace} ?Mother's Maiden Name ? ^{Mother's Birthplace} ?Name of person giving information Hospital Records ^{How related to deceased}

CAUSES OF DEATH

Primary Senile Dementia ^{How long} 6 yrs.
Immediate Catarrhal Pneumonia ^{How long} 2 days.

Are the name, age, sex, color, date and place correctly given above? To best

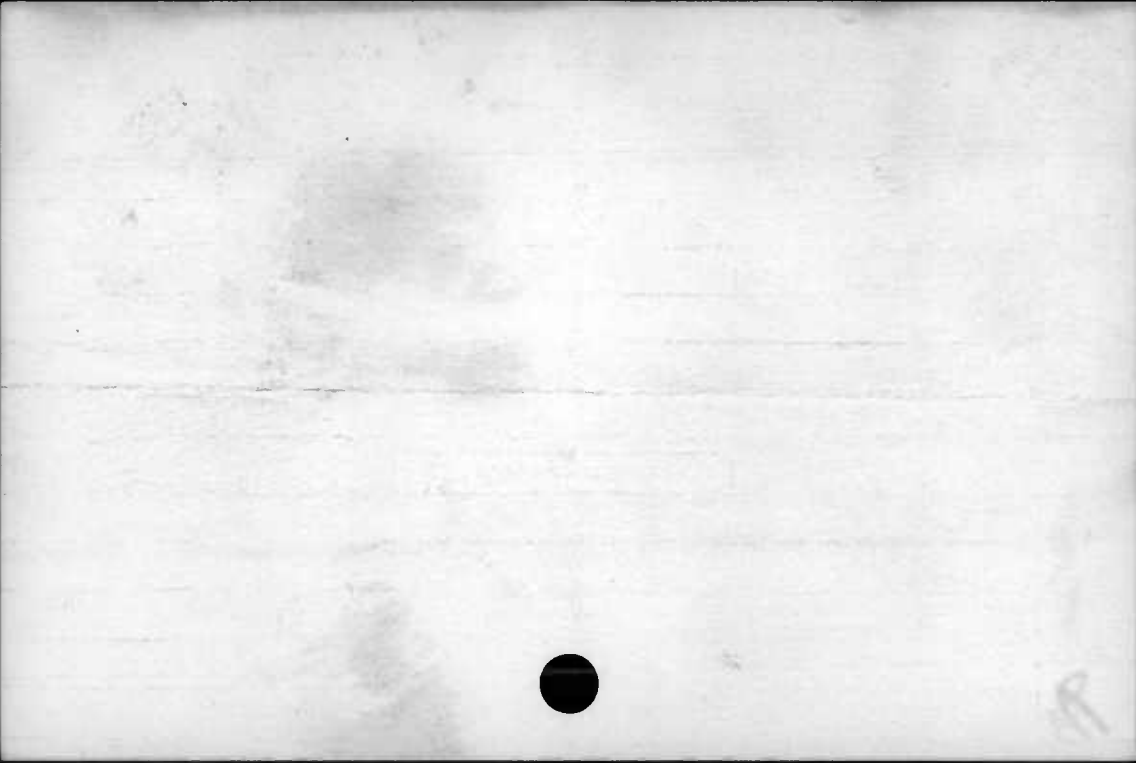
^{Signature of Physician} W. Henry Fisher

of my knowledge.

^{Address} Sykesville

Accident or Suicide?

Ind.



Name
in
Full

CERTIFICATE OF DEATH

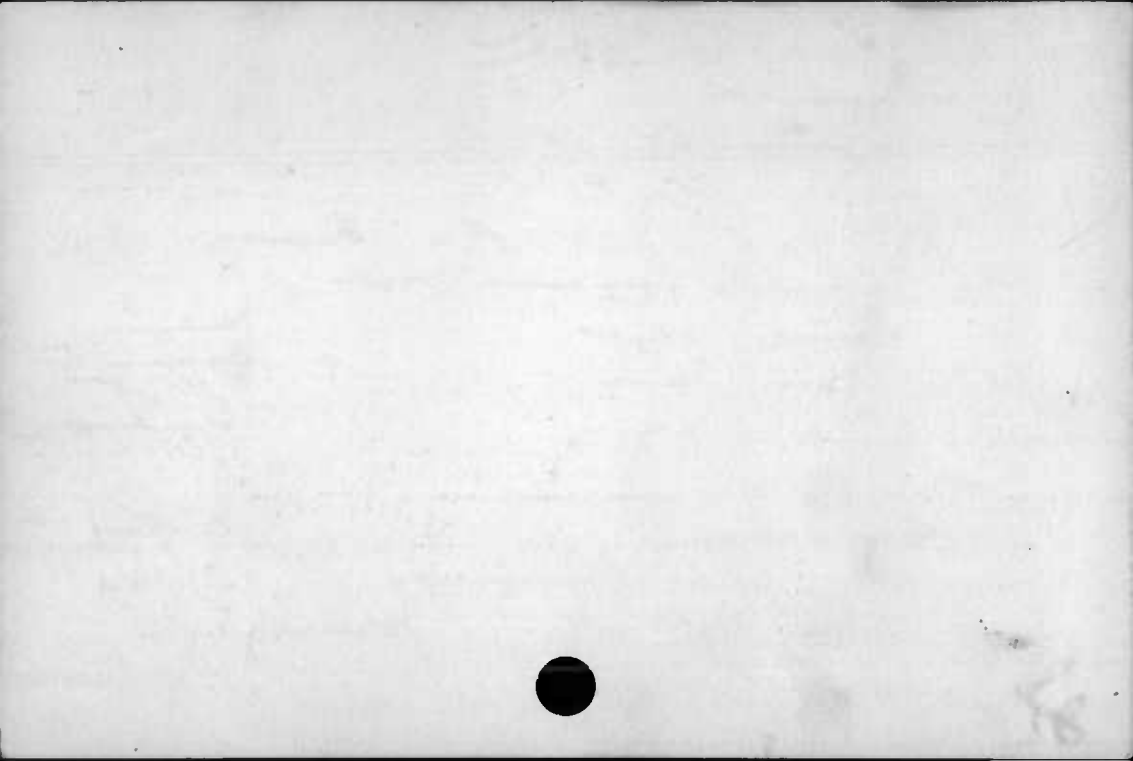
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Jeremiah Myers		Town Union Mills		County Garroll		State MARYLAND	
Died at		Month Jan		Day 10		Years 66	
Date of death		1907		Months 2		Days 25	
Sex Male		Color or Race White		Birthplace Garroll Co.			
Occupation Farmer		Where Residing if not at place of death Garroll Co.					
Married, Single or Widowed Married		Name of Wife or Husband Alveta Myers					
Father's Name Peter G. Myers		Father's Birthplace Garroll Co.					
Mother's Maiden Name Elizabeth G. B.		Mother's Birthplace Garroll Co.					
Name of person giving information Alveta Myers		How related to deceased Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	40	How long
Immediate	Carcinoma of Stomach	How long 1 1/2 Years
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician B. Lewis Hefel
		Address Union Mills
Accident or Suicide? No		Ind.



Name
in
Full

Philip Henry Lawyer Myers

no 138
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at *Bachman's Mill* Town *Corroll* County *MARYLAND*

Date of death 1907 *January* Month *30* Day *84* Years *9* Months *20* Days

Sex *Male* Color or Race *White* Birth-place *Bachman's Mill Corroll Co Md.*

Married, Single or Widowed *Widower* Occupation *Retired Farmer*

Name of Wife or Husband *Elizabeth Bangkman. Myers*

Father's Name *Samuel Myers* Father's Birthplace *unknown.*

Mother's Maiden Name *Annie Lawyer* Mother's Birthplace *Bachman's Mill Corroll Md.*

Name of person giving information *C. H. Myers* How related to deceased *Grandson*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Influenza* How long *5 days*

Immediate *Hypostatic Pneumonia* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *John S. Ziegler*

Address *Wetminster Md*

Accident or Suicide? *X*

Bachmann Com

Name
in
Full

Catherine Nichols

132

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> Town <i>Carroll</i> County		MARYLAND			
Date of death 190 <i>7</i>	Month <i>Jan</i>	Day <i>23</i>	Age <i>79</i>	Months <i>8</i>	Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Mo</i>			
Occupation <i>Retired</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Deas Louis Nichols</i>				
Father's Name <i>David Leirle</i>	Father's Birthplace <i>Deas</i>				
Mother's Maiden Name <i>Do not know</i>	Mother's Birthplace				
Name of person giving information <i>John Nichols</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

Primary	<i>Pneumonia (93)</i>	How long	<i>3 days</i>
Immediate	<i>Heart Failure</i>	How long	

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Chas. R. Foy
Westminster
Md.

Accident or Suicide?

Maui Branch

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jackson, Rodger Preston

Town

County

MARYLAND

Died near Sykesville

Carroll

Date

Month

Day

Years

Months

Days

of death 1907

1

18

Age

19

5

6

Sex

Male

Color or
Race

Caucasian

Birth-
place

Md -

Occupation

Farm Labour

Where Residing if not
at place of death

-

Married, Single
or Widowed

single

Name of Wife or
Husband

-

Father's
Name

Henry Jackson

Father's
Birthplace

Georgia, Putnam Co.

Mother's
Maiden Name

Hattie Spiggo

Mother's
Birthplace

Md -

Name of person giving
information

Henry Jackson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Acute Indigestion

How long

24 hours -

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

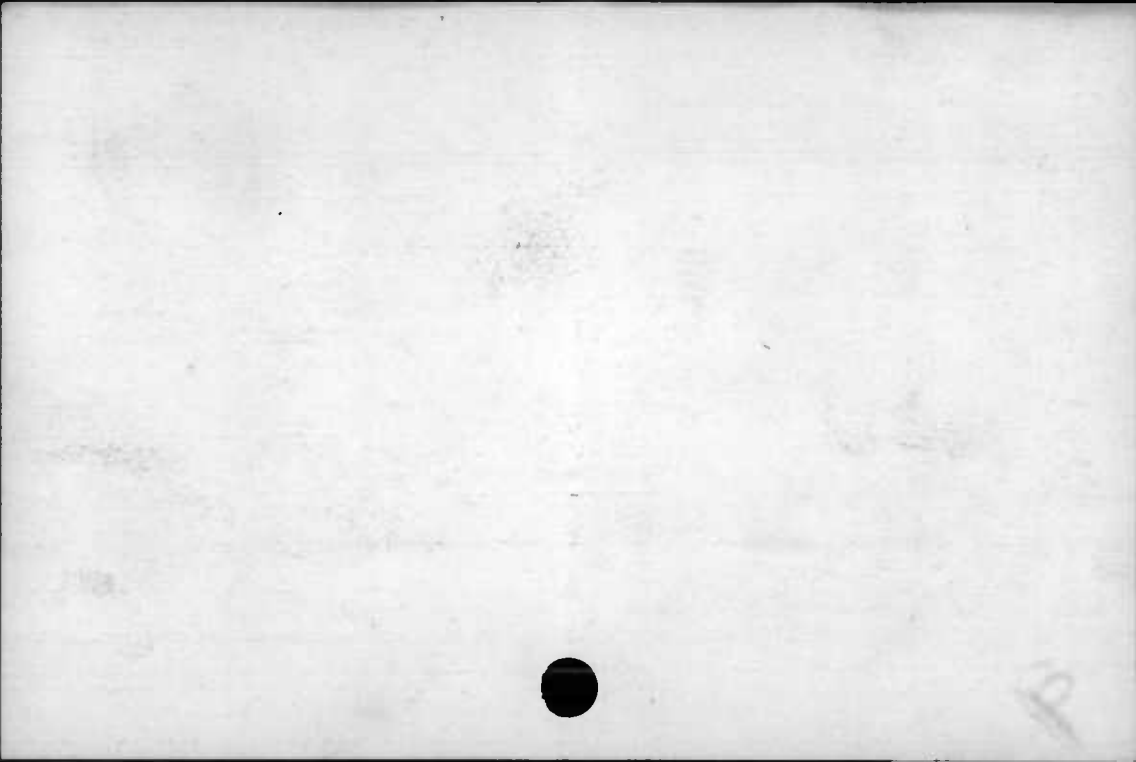
W. Frank Lewis MD

Address

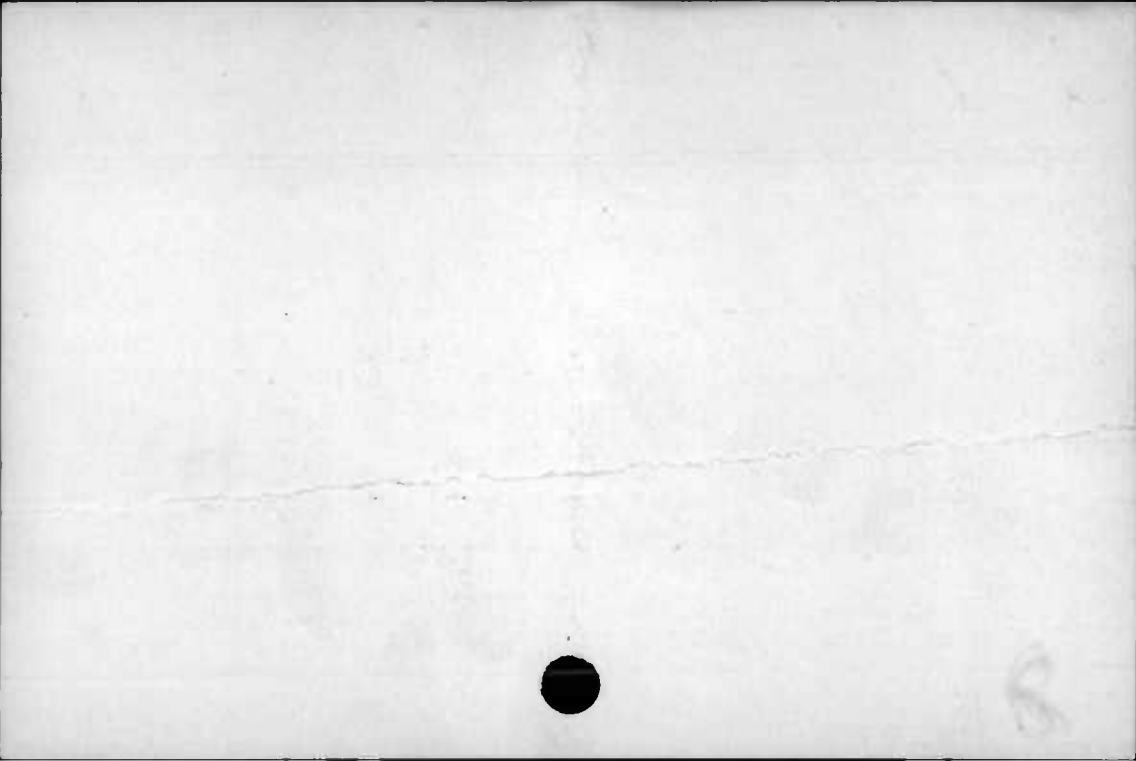
Sykesville, Md -

Accident or Suicide?

-



Name in Full		MARTIN PUTZEL				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Springfield Hospital		Carroll		MARYLAND	
	Date of death	1907	Jan	13	Age	51	
	Sex	Male		Color or Race	White		Birth- place
	Occupation	Book-keeper		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Selig G.				Father's Birthplace	Germany
	Mother's Maiden Name	Sophia Newberger				Mother's Birthplace	"
	Name of person giving In formation	Leuri Putzel				How related to deceased	Brother
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Diabetes mellitis				How long	2
	Immediate	Acute Gastritis				How long	20 hrs
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Chas. J. Carey
	Address		Snyderville Md.				
Accident or Suicide?		no					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Walnut Grove</u> ^{Town}		<u>Reese</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{by}		<u>1</u> ^{Month}		<u>23</u> ^{Day}	
<u>male</u> ^{Sex}		<u>white</u> ^{Color or Race}		<u>Walnut Grove</u> ^{Birth-place}	
<u>Occupation</u>		<u>Where Residing if not at place of death</u>			
<u>Married, Single or Widowed</u>		<u>Name of Wife or Husband</u>			
<u>Father's Name</u>		<u>Albert Reese</u>		<u>md.</u> ^{Father's Birthplace}	
<u>Mother's Maiden Name</u>		<u>Minnie Bowers</u>		<u>md.</u> ^{Mother's Birthplace}	
<u>Name of person giving information</u>		<u>Wife</u>		<u>mother</u> ^{How related to deceased}	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

<u>Primary</u>		<u>Prematurity</u>		<u>4 hours.</u> ^{How long}	
<u>Immediate</u>				<u>How long</u>	
<u>Are the name, age, sex, color, date and place correctly given above?</u>		<u>Yes</u>		<u>Signature of Physician</u>	
<u>Accident or Suicide?</u>				<u>Address</u>	
				<u>Daneytown</u>	
				<u>md.</u>	



8

Name
in
Full125
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name **Mary Routzaler** Town **Westminster** County **Carroll**

Died at **Westminster** Maryland

Date of death **1907** Month **Jan** Day **10** Age **88** Years **7** Months **—** Days **—**

Sex **Female** Color or Race **White** Birth-place **Maryland**

Occupation **at Home** Where Residing if not at place of death **—**

Married, Single or Widowed **Widow** Name of Wife or Husband **John. Routzaler**

Father's Name **decent known** Father's Birthplace **unknown**

Mother's Maiden Name **" "** Mother's Birthplace **unknown**

Name of person giving information **J W Routzaler** How related to deceased **Son**

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **Nephritis** How long **1 year**

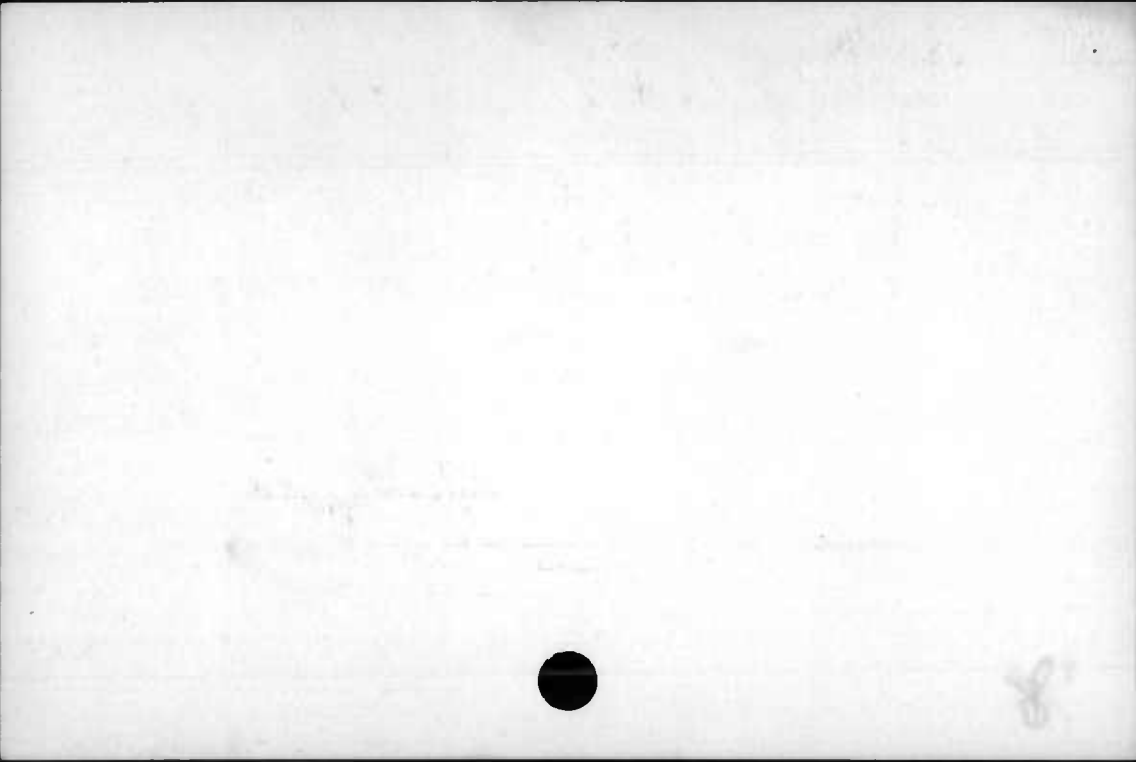
Immediate **"** How long **2 months**

Are the name, age, sex, color, date and place correctly given above? **yes**

Signature of Physician **Eugene M Sullivan**

Address **1146 Main St**

Accident or Suicide? **8**



Name
in
Full

No 135

CERTIFICATE OF DEATH

Dorothy Souble

Town

County

MARYLAND

Died at War Westminster

Carroll

Date

of death 1907

Month

Jan

Day

28

Age

Years

90

Months

10

Days

18

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

General Housework

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of ~~Wife or~~
Husband

Michael Souble

Father's
Name

Henry Grammer

Father's
Birthplace

Maryland

Mother's
Maiden Name

Rebecca Reene

Mother's
Birthplace

do

Name of person giving
Information

Jennie McCormick

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

La Grippe

How long

3 weeks

Immediate

old age, General debility

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

M. L. Bott

Address

Westminster Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Knave

Name
in
Full

Priscilla Schroeder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Springfield Hospital - Sykesville - ^{County} CarrollDate of death 1907 ^{Month} 1st ^{Day} 4th ^{Years} 76 ^{Months} — ^{Days} —

Sex Female Color or Race white Birth-place Pennsylvania

Occupation ~~Housewife~~ Home Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband — unknown

Father's Name William McClure Father's Birthplace Pennsylvania

Mother's Maiden Name Ella Duncan Campbell Mother's Birthplace "

Name of person giving information Hospital Records. How related to deceased —

CAUSES OF DEATH

Primary Senile Dementia How long 4 years.
Immediate Acute Lobar Pneumonia + Toxemia How long 10 hours.

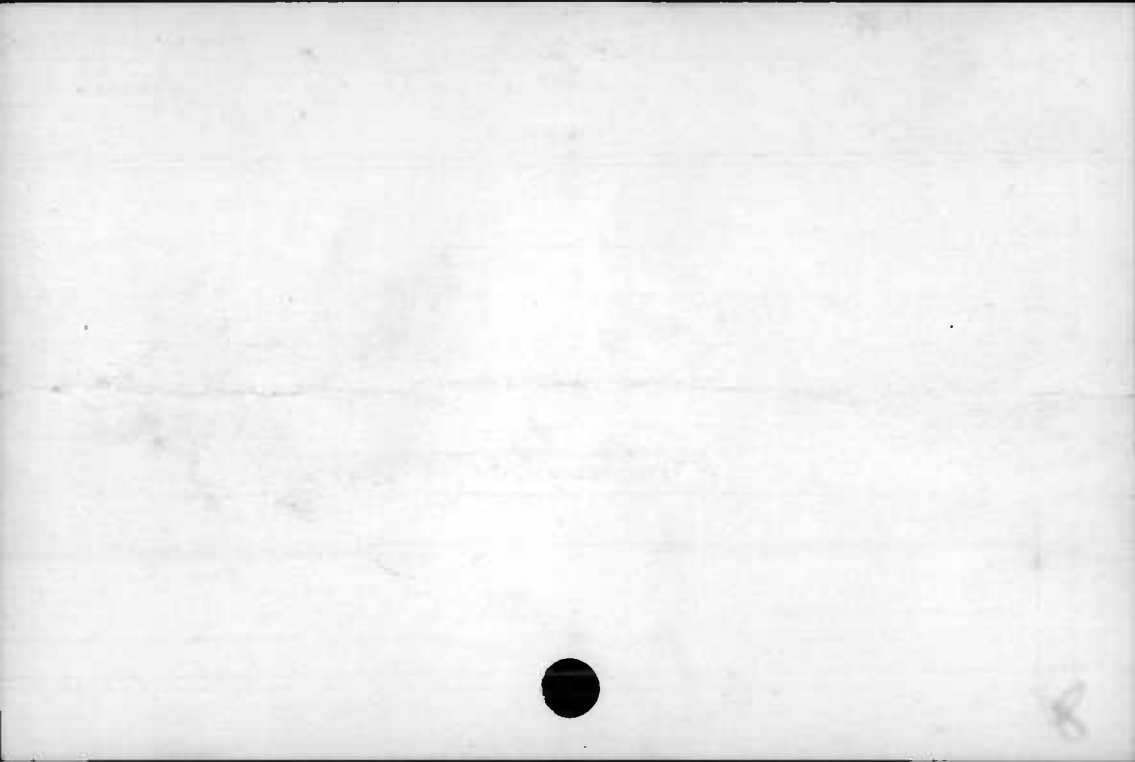
Are the name, age, sex, color, date and place correctly given above? To best

Signature of Physician W. Henry Fisher

of my knowledge. Address Sykesville

Accident or Suicide?

Md.



Name
in
Full

Charles Sheffer.

CERTIFICATE OF DEATH

MARYLAND

Died near Lineboro Md. Carrall

Date of death 1907 Jan 3 Age 87 Months 3 Days 14

Sex Male Color or Race white Birth-place York Pa

Occupation Farmer & Miller Where Residing if not at place of death Near Lineboro Md.

Married, Single or Widowed Name of Wife or Husband Catherine Sheffer

Father's Name Frank Sheffer Father's Birthplace York Pa

Mother's Maiden Name Henrietta Genbric Mother's Birthplace York Pa

Name of person giving Information C. F. Sheffer How related to deceased Son

CAUSES OF DEATH

Primary Apoplexy. How long two weeks.

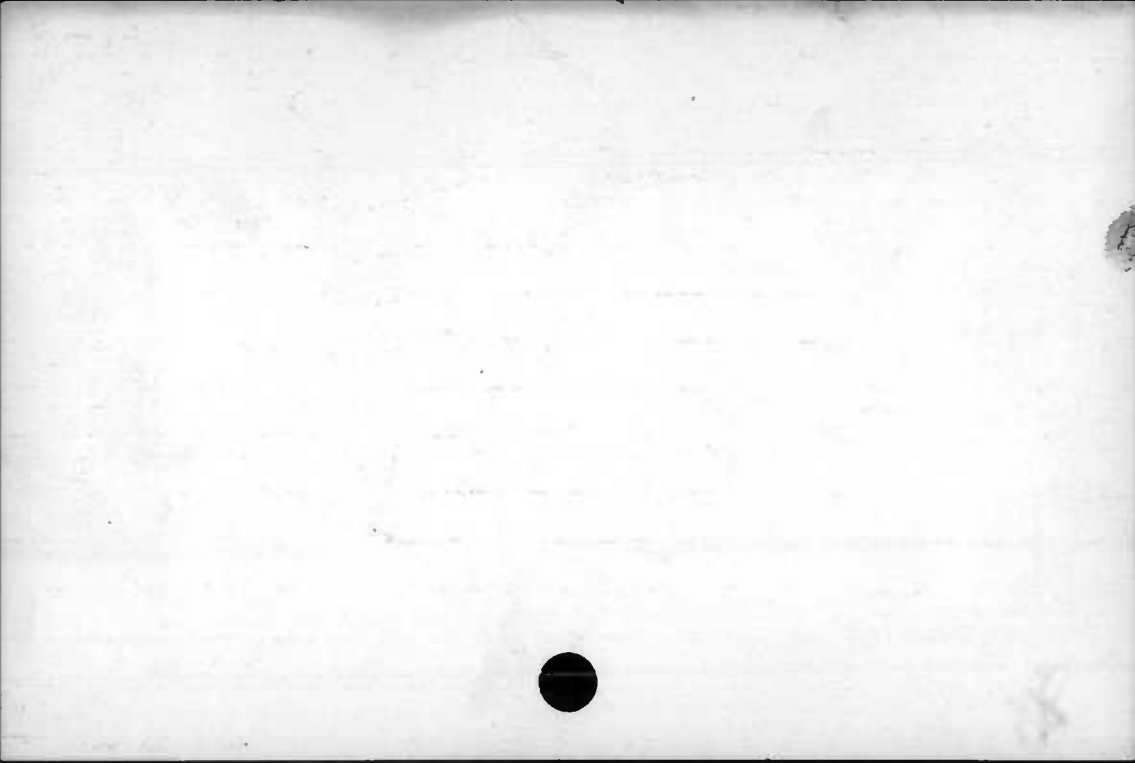
Immediate Pneumonia How long one day.

Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician J. Howard Cherry.

Address Lineboro Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

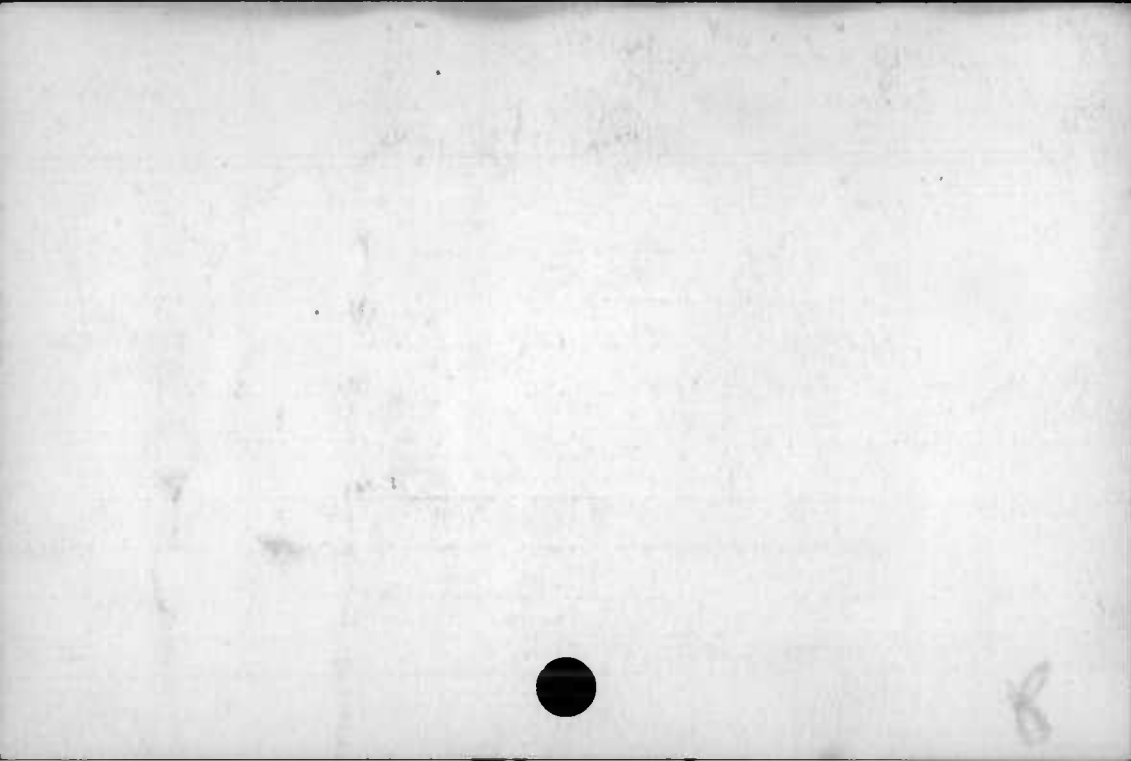
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> ^{Town} <i>Barroll</i> ^{County}		MARYLAND					
Date of death	<i>1907</i>	Month <i>Jan.</i>	Day <i>15</i>	Age <i>78</i>	Years	Months <i>1</i>	Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Uniontown Dis.</i>					
Occupation <i>None</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Jacob F. Shuey.</i>						
Father's Name <i>Michael Wagner</i>	Father's Birthplace <i>Uniontown Dis.</i>						
Mother's Maiden Name <i>Mary Weaver</i>	Mother's Birthplace <i>Germanstown Pa.</i>						
Name of person giving information <i>J. H. Benner</i>	How related to deceased <i>Cousin.</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Debility</i>	How long <i>one year</i>
Immediate <i>Exhaustion</i>	How long <i>three weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G A Brown</i>
	Address <i>New Windsor Md.</i>
Accident or Suicide?	



Name
in
FullNo 136
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at

Infant child of Geo L Stem
Dennings

Town

County

MARYLAND

Date

of death 1907

Month

Jan

Day

28

Age

Years

Months

Days

12

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

George L Stem

Father's
Birthplace

Maryland

Mother's
Maiden Name

Ida Pool.

Mother's
Birthplace

Maryland

Name of person giving
Information

Harville Jeff

How related
to deceased

Brother in Law

CAUSES OF DEATH

Primary

Premature Birth

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

E. M. Sullivan

Address

146 Main St

PHYSICIAN
OR CORONER

Accident or Suicide?

Taylorville

Name
in
Full

Unknown infant Stoussifer

CERTIFICATE OF DEATH

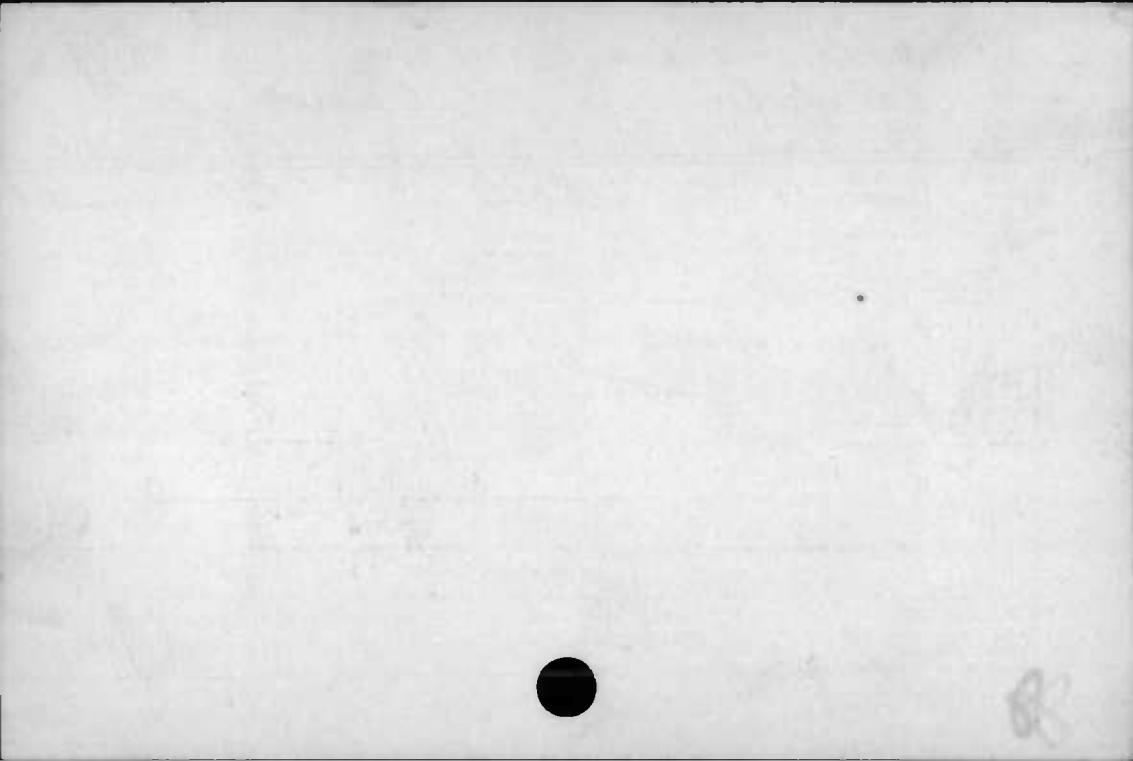
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>11 Manchester</u> Town		<u>Carroll</u> County		MARYLAND	
Date of death <u>1907</u> <u>January</u> <u>11th</u> Month Day		Age <u>2</u> <u>hours</u> Years		Months	Days
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Carroll County</u>	
Occupation <u> </u>		Where Residing if not at place of death <u> </u>			
Married or Single <u>or Widowed</u>		Name of Wife or Husband <u> </u>			
Father's Name <u>John Stoussifer</u>		Father's Birthplace <u>Carroll County</u>			
Mother's Maiden Name <u>Jessie Marshall</u>		Mother's Birthplace <u>" "</u>			
Name of person giving information <u>William Weaver</u>		How related to deceased <u>Uncle</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cyanosis</u>	How long <u>2 hours</u>
Immediate <u>Heart Failure</u>	How long <u>" "</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. A. Bonnell M.D.</u>
<u>8</u> Accident or Suicide? <u> </u>	Address <u>Manchester</u>
	<u>md</u>



Name
in
Full

Myrtle Agnes Taylor

119
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at

Patahisco

Town

County

Carroll

MARYLAND

Date

of death 190

7

Month

Jan

Day

7

Age

Years

2

Months

10

Days

11

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Emanuel J Taylor

Father's
Birthplace

Maryland

Mother's
Maiden Name

Margaret Nees

Mother's
Birthplace

Idaho

Name of person giving
Information

Emanuel J Taylor

How related
to deceased

Father

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. M. Sullivan

Address

146 Main St
Westminster

Accident or Suicide?

Bethel Church Cemetery
Cemeterion

Name in Full David Trile		No 140		CERTIFICATE OF DEATH	
Died at Westminster <small>Town</small>		Carroll <small>County</small>		MARYLAND	
Date of death 1907 Jan <small>Month</small>		30 <small>Day</small>		24 <small>Years</small>	
Male <small>Sex</small>		White <small>Color or Race</small>		Carroll Co Md <small>Birthplace</small>	
Laborer <small>Occupation</small>		House <small>Where Residing if not at place of death</small>			
Married <small>Married, Single or Widowed</small>		Mary Trile <small>Name of Wife or Husband</small>			
John Trile <small>Father's Name</small>		Carroll Co Md <small>Father's Birthplace</small>			
Ellen Ester <small>Mother's Maiden Name</small>		" " " <small>Mother's Birthplace</small>			
John Trile <small>Name of person giving information</small>		Father <small>How related to deceased</small>			
CAUSES OF DEATH					
Primary		Cancer of Bladder		About 6 mos <small>How long</small>	
Immediate		Exhaustion		24 hrs <small>How long</small>	
Are the name, age, sex, color, date and place correctly given above?		yes			
Physician or Coroner		Chas. R. Foutz M.D. <small>Signature of Physician</small>			
		Westminster Md <small>Address</small>			
Accident or Suicide?					

Pipe Creek Cemetery.
Stouffville.

Name
In
Full

CERTIFICATE OF DEATH

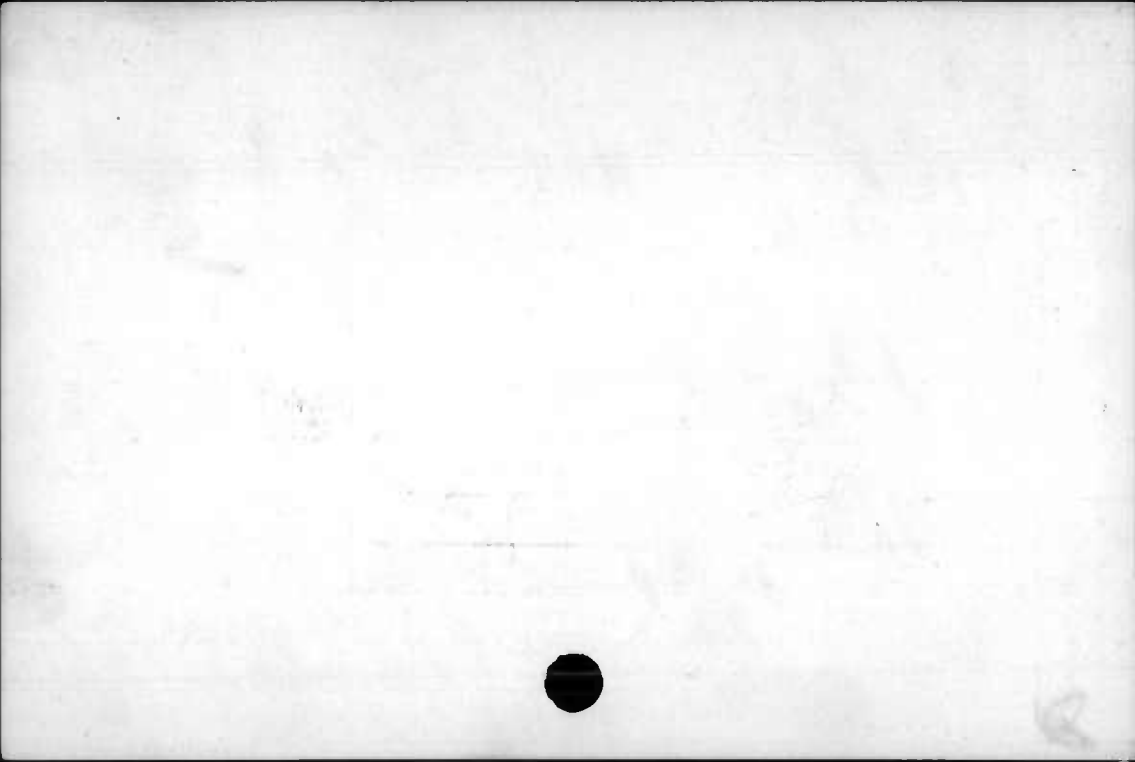
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Honey Hills</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Jan</i>	Day <i>16</i>	Years <i>30</i>	Months <i>11</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation <i>Labor</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>Ben Washington</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Emily Lowery</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Mother J. Washington</i>		How related to deceased <i>sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>unknown</i>	How long
Immediate <i>was found dead, had no marks of violence upon body and died by the visitation of God in a natural way.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician
<i>J. Ed. West, coroner.</i>	Address <i>New Windsor Md.</i>
Accident or Suicide?	



Name
in
Full

Wm J. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Manchester* TownCounty *Carroll*Date of death *1907 Jan*Day *10*Age *5-2*Months *6*Days *2*Sex *Male*Color or
Race*White*Birth-
place*Atollstown Pa*

Occupation

*Deputy-Sheriff*Where Residing if not
at place of death*Westminster Md*Married, Single
or WidowedName of Wife or
Husband*Mary A. Myers (deceased)*Father's
Name*Frank Wilson*Father's
Birthplace*Hanover Pa*Mother's
Maiden Name*Julia Hoffman*Mother's
Birthplace*Atollstown Pa*Name of person giving
information*Wm Shearer*How related
to deceased*Son in law*

CAUSES OF DEATH

Primary

Typhoid Fever

How long

7 days

Immediate

Hemorrhage, Perforation & Peritonitis

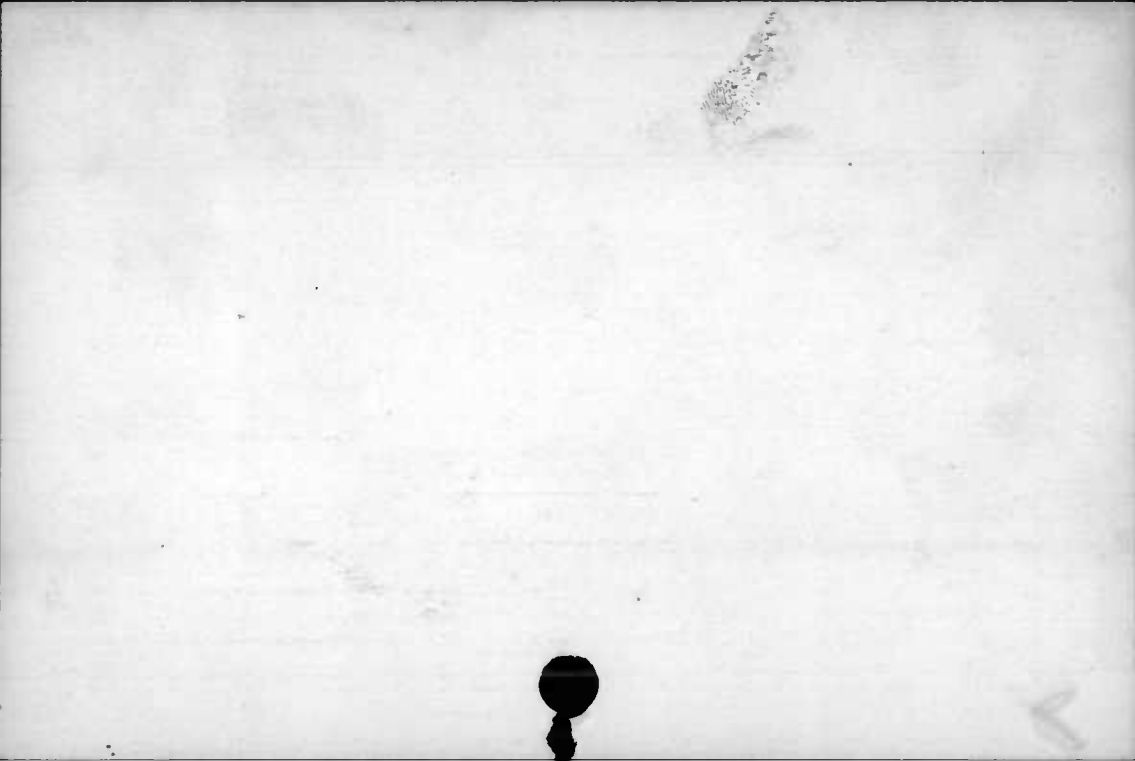
How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*J H Sherman M.D.
Manchester - Md*

Accident or Suicide?



No. 133
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dear</i>		Town <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Jan</i>		Day <i>17</i>		Age <i>89</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Months <i>4</i>		Days <i>13</i>	
Occupation <i>Unknown</i>		Where Residing if not at place of death <i>Home</i>		Birth-place <i>Carroll Co. Md</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Wife</i>		John <i>Yingling</i>			
Father's Name <i>Moses Shaeffer</i>		Father's Birthplace <i>Carroll Co. Md</i>					
Mother's Maiden Name <i>Catherine Fisher</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>William Yingling</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Salmonella</i>	How long	
Immediate	<i>Old age, severe debility</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>H. M. Roth</i>
		Address	<i>Westminster Md</i>
Accident or Suicide?			

Bachman's Cemetery
Houses

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

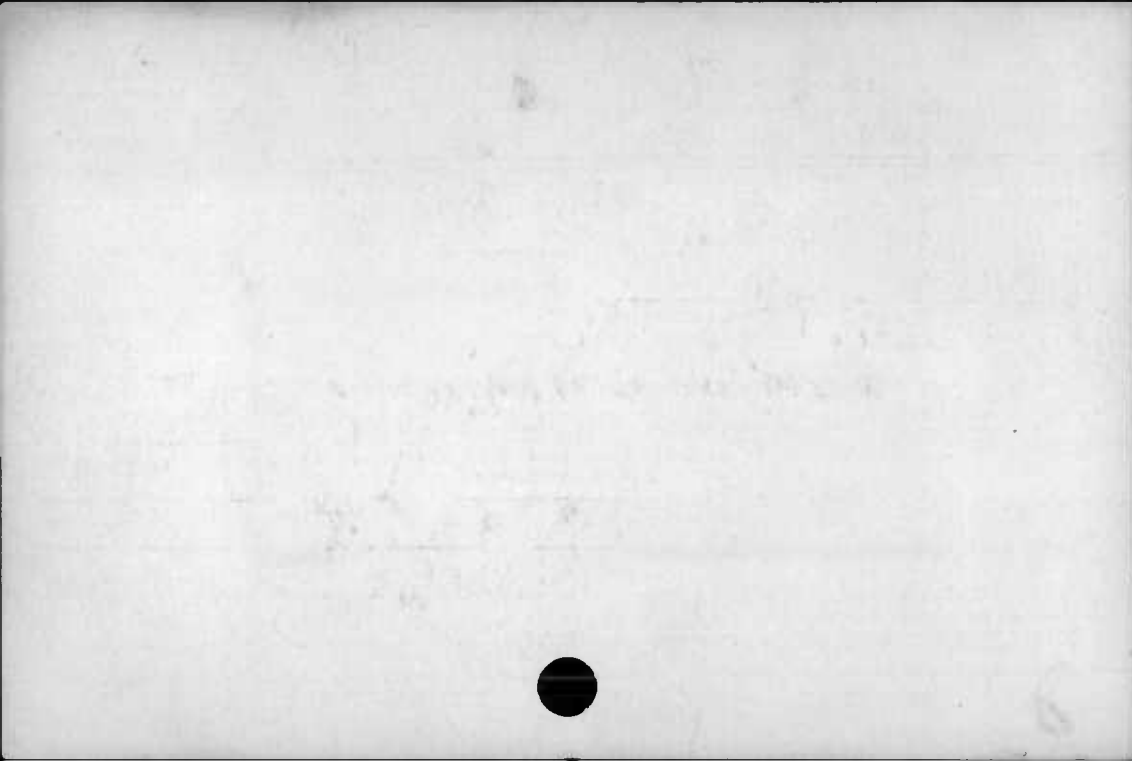
Cabsalom. Zepp.

Died at <i>Union Mills</i> <small>Town</small>		<i>Garroll</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Jan</i>	Day <i>14</i>	Age <i>69</i>	Years <i>5</i> Months <i>00</i> Days <i>00</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>Retired -</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Eliza Zepp</i>				
Father's Name <i>Peter Zepp</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Carline Whitney</i>	Mother's Birthplace <i>Groesbe</i>				
Name of person giving information <i>Sam. Zepp</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Complication of diseases</i>	How long <i>4 months</i>
Immediate <i>Fracture of Tibia</i>	How long <i>14 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. Lewis Wetzel M.D.</i>
	Address <i>Union Mills</i>
Accident or Suicide? <i>—</i>	<i>Md.</i>



Name
in
Full

Emanuel Zepf

No 117
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Pleasant Valley ^{County} Carroll MARYLAND

Date of death 1907 ^{Month} Jan ^{Day} 2 ^{Age} 73 ^{Years} 9 ^{Months} 3 ^{Days}

Sex Male ^{Color or Race} white - ^{Birth-place} Md

Occupation Carpenter ^{Where Residing if not at place of death} Home

Married, Single or Widowed married ^{Name of Wife or Husband} Sarilla Zepf

Father's Name Peter Zepf ^{Father's Birthplace} Md

Mother's Maiden Name Catherine Whitmer ^{Mother's Birthplace} "

Name of person giving information Sarilla Zepf ^{How related to deceased} Wife.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

How long

How long

36 hours
36 hoursC. M. Brown M.D.
Pleasant Valley

